



Quarterly Progress Report January 1 - March 31, 2016

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LIST OF ACRONYMS

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASW	Adherence Support Worker
BD	Beckton-Dickinson
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CHAZ	Churches Health Association of Zambia
CHC	Chronic HIV Checklist
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DCMO	District Community Medical Office
DNA PCR	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	Early Infant Diagnosis
EMS	Express Mail Delivery
ESA	Environmental Site Assessment
eMTCT	Elimination of Mother-to-Child Transmission
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GCDD	Gender and Child Development Division
GIS	Global Information System
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
cART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation

MC	Male Circumcision
MCH	Maternal Child Health
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
SCMS	Supply Chain Management System
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VSU	Victim Support Unit
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPCT IIB	Zambia Prevention, Care and Treatment Partnership II Bridge

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB) is a 20-month contract (AID-611-C-14-00001) between FHI 360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$36,095,495. The FHI 360-led team envisions this short-term contract as a *bridge to the future* of HIV/AIDS services that are fully owned by the Government of the Republic of Zambia (GRZ) and sustainable for the long term. Over the 20-month Bridge period, ZPCT IIB will work side-by-side with the GRZ through the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) and other stakeholders to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Muchinga, Northern and North-Western.

ZPCT IIB supports the GRZ goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up elimination of mother-to-child transmission (eMTCT); HIV testing and counseling (HTC); male circumcision services; and clinical care services, including ART. The objectives of the ZPCT IIB project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources, and supports the priorities of the MoH and NAC.
- Encourage integration of health and HIV services, where feasible, emphasizing the needs of patients for prevention at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

During the quarter, ZPCT IIB provided support to all districts in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces. ZPCT IIB is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. ZPCT IIB aims at strengthening the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. At the same time, ZPCT IIB is working to increase the GRZ (MOH and MCDMCH) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT IIB quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels.

The ZPCT IIB quarterly report includes all activities from January 1 – March 31 2016. ZPCT IIB supported 471 health facilities (441 public and 30 private) across 57 districts. Key activities and achievements for this reporting period include the following:

- 168,710 individuals received HTC services in 471 supported facilities. Of these, 121,796 were served through the general HTC services while 46,914 were counseled and tested through eMTCT services.
- 46,914 women received eMTCT services (counseled, tested for HIV and received results), out of which 2,890 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of eMTCT was 4250.
- 169 public and 23 private health facilities provided ART services and all 192 report their data independently. A total of 10,911 new clients (including 597 children) were initiated on antiretroviral

therapy. Cumulatively 278,965 individuals are currently on antiretroviral therapy and of these 17,505 are children.

- MC services were provided in 58 public and 3 private health facilities this quarter. 7,101 men were circumcised across the ZPCT IIB supported provinces this quarter.
- 155 health care workers were trained by ZPCT IIB in Zambia Consolidated Guidelines for the Treatment and Prevention of HIV infection. Further, 125 health care workers were trained by ZPCT IIB to support deliver ART according to national guidelines.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (April. – June. 2016)

The following activities are anticipated for next quarter (April – June 2016):

- Provide ongoing technical assistance to all supported sites to strengthen health service delivery and correct documentation of services provided.
- Train HCWs and Lay counselors in various technical areas including HTC, eMTCT, FP, CTS, DHIS2, pediatric ART, integrated new guidelines, Option B+, ART/OI management, commodity management, and equipment use and maintenance.
- Strengthen access to HIV services by males and females below 15 years.
- Strengthen routine child counseling at under five clinics, OPD, and in the pediatric wards.
- Administer QA/QI tools at ZPCT IIB supported facilities.
- Implement FP/HIV integration in the model sites and in the 120 additional facilities which recently rolled out FP/HIV integration.
- Implement mother baby tracking with results delivered to the clients on time and timely DBS collection and initiation of ART for eligible babies.
- Support implementation of option B+ in all PMTCT sites.
- Monitor SMGL activities in all the SMGL sites in Mansa.
- Facilitate exchange visits for learning purposes in the selected model sites.
- Facilitate joint monitoring and mentorship visits with MOH/PMO/DMO to the supported facilities.
- Monitor PopART study in Kabwe, Kitwe and Ndola.
- Update and maintain PCR Lab database, training database and M&E database
- Participate in reviewing and updating of HMIS M&E tools and assist with printing for supported health facilities.
- Conduct M&E Data quality Assessments in all six provinces.
- Review procedure manuals in preparation for DATIM reporting for the quarter.
- Provide technical support to SmartCare (testing of new software) in conjunction with MOH and other partners.
- Provide field support in Viral load database management in all the provinces with viral load machines.
- Attend the National Supply Management Coordination Committee.
- Print 5,000 copies of the pharmacy standard operating procedures manuals.
- Conduct capacity strengthening activities in pilot districts in line with the MOH/ZPCT IIB joint transitional plan. Review progress towards Pharmacy electronic systems interoperability.

- Assess performance of PIMA CD4 Point of care analyzers and follow up on externalization of EQA results.
- Monitor viral load testing at ADCH PCR Laboratory and all provincial PCR testing centers.
- Continue reviewing equipment sustenance strategies after three training events with major equipment vendors, Provincial Biomedical Scientists (PBS) and Provincial Medical Equipment Officers (PMEO).
- Monitoring the functionality of laboratory equipment.
- Routine servicing and maintenance of laboratory and pharmacy equipment.
- Conduct VL study for validation of DBS.
- Recruitment/transfer of project staff in line with PEPFAR pivoting and ACT initiatives.

TECHNICAL SUPPORT FOR NEXT QUARTER (April. – June. 2016)

Rick Homan from FHI360 HQ (North Carolina) to visit FHI360 Zambia in 17 to 23 April, 2016 to conduct Expenditure Analysis training for finance and program staff.

ZPCT IIB Extension Project Achievements January 1, 2016 to March 31, 2016

	Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Jan – Mar 2016)		
		Targets (Dec 15 – May 16)	Achievements (Dec 15 – Mar 16)	Male	Female	Total
1.1 Counseling and Testing (CT) services						
	Service outlets providing CT according to national or international standards	470 (440 Public, 30 Private)	471 (441 Public, 30 Private)			471 (441 Public, 30 Private)
	Individuals who received HIV/AIDS CT and received their test results	392,865	198,617	60,720	61,076	121,796
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	491,177	264,371	60,720	107,990	168,710
	Individuals trained in CT according to national or international standards	150	155	54	101	155
1.2 Prevention of Mother To Child Transmission (eMTCT) services						
	Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	460 (436 Public, 24 Private)	460 (436 Public, 24 Private)			460 (436 Public, 24 Private)
	Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	98,312	68,392		48,879	48,879
	HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission during pregnancy and delivery	7,568	5,720		4,250	4,250
	Pregnant women Newly initiated on treatment during the current pregnancy(Option B+)	5,248	3,865		2,879	2,879
Family Planning						
	Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	460 (436 Public, 24 Private)	460 (436 Public, 24 Private)			460 (436 Public, 24 Private)
	Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	23,552	18,208	2,218	11,109	13,327
	Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	15,772	18,366	1,628	13,472	15,100
	Health workers trained in the provision of PMTCT services according to national or international standards	100	74	35	39	74
1.3 Treatment Services and Basic Health Care and Support						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	470 (440 Public, 30 Private)	471 (441 Public, 30 Private)			471 (441 Public, 30 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	384,086	372,295	143,204	228,118	371,322
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	25,001	24,297	11,963	12,333	24,296
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	425	440	181	259	440
	Service outlets providing ART	192 (169 Public, 23 Private)	192 (169 Public, 23 Private)			192 (169 Public, 23 Private)
	Individuals newly initiating on ART during the reporting period	19,507	14,640	3,819	7,092	10,911
	Pediatrics newly initiating on ART during the reporting period	1,035	792	280	317	597
	Individuals receiving ART at the end of the period	290,602	278,965	102,907	176,058	278,965
	Pediatrics receiving ART at the end of the period	18,050	17,505	8,743	8,762	17,505
	Health workers trained to deliver ART services according to national or international standards	425	440	181	259	440
TB/HIV services						
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	470 (440 Public, 30 Private)	471 (441 Public, 30 Private)			471 (441 Public, 30 Private)
	HIV+ clients attending HIV care/treatment services	1,383	739	291	203	494

Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Jan – Mar 2016)		
	Targets (Dec 15 – May 16)	Achievements (Dec 15 – Mar 16)	Male	Female	Total
that are receiving treatment for TB					
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	425	440	181	259	440
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	5,403	3,791	1,717	1,028	2,745
1.4 Male Circumcision services					
Service outlets providing MC services	61 (58 Public, 3 Private)	61 (58 Public, 3 Private)			61 (58 Public, 3 Private)
Individuals trained to provide MC services	60	30	21	9	30
Number of males circumcised as part of the minimum package of MC for HIV prevention services	32,503	18,661	6,520		6,520
2.1 Laboratory Support					
Laboratories with capacity to perform clinical laboratory tests	170 (145 Public, 25 Private)	171 (146 Public, 25 Private)			171 (146 Public, 25 Private)
Individuals trained in the provision of laboratory-related activities	84	120	84	36	120
Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	863,592	550,857			382,963
2.2 Capacity Building for Community Volunteers					
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	235	123	52	71	123
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	575	125	49	76	125
3 Capacity Building for PHOs and DHOs					
Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	N/A	15			15
4 Public-Private Partnerships					
Private health facilities providing HIV/AIDS services	30	30			30
Gender					
Number of pregnant women receiving PMTCT services with partner	37,065	26,625		19,225	19,225
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	85,038	52,962	14,702	22,635	37,337
Quality Assurance/Quality Improvement					
Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	N/A	6			6

QUARTERLY PROGRESS UPDATE

Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasize treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).

1.1: HIV testing and counseling (HTC) services

441 public and 30 private (471) facilities provided HTC services in the six ZPCT IIB supported provinces as well as through community based HTC services. A total of 122,465 clients were tested and counseled and received their results, of which 669 were children. Out of all those tested and counseled, 8,569 tested HIV positive (8,557 adults and 12 children) and were referred for enrollment into HIV care and assessment for eligibility for cART.

Project technical assistance focused on:

- Increasing access to HTC through community based HTC services: working in collaboration with PMOs and DCMOs, ZPCT IIB supported implementation of door to door and index client based HTC services in order to increase access. This was implemented Chililabombwe, Solwezi, Ndola, Kapiri, Kabwe, Mansa and Kasama districts. This innovation has been well accepted and supported by communities. Preliminary analysis showed an increase in the yield under the index approach. All positive clients are re-tested at the facility before they are initiated on cART based on the current national guidelines.

During the reporting period, ZPCT IIB conducted mobile/outreach HTC activities and a total of 17,815 clients were reached, tested and counseled; out of which 405 tested HIV positive and were referred for HIV care, treatment. 7,616 uncircumcised HIV negative males were referred for VMMC.

- Couple targeted HTC: ZPCT IIB technical staff mentored HCWs and lay counselors on the importance of promoting couple HTC and ensuring effective linkages to care and treatment for those who test positive, referral to VMMC for negative male partners and referral to family planning. All HIV negative male partners were referred for VMMC. 18,086 HTC clients and 13,910 eMTCT clients received HTC as couples and 684 were discordant and all were referred for care and treatment according to the National Guidelines for treatment and prevention. Risk reduction behavior and safer sex practices was emphasized to all clients, more especially to discordant couples.
- Integrating HTC into other clinical health services: A total of 17,065 FP clients with unknown HIV status were provided with HTC. 5,630 males seeking VMMC were provided with HTC as part of a minimum package for VMMC; 5,605 tested HIV negative. 1,187 TB clients had an unknown HIV status, out of which 902 received HIV testing and counselling.
- FP/HIV integration activities: Activities to promote FP and HIV integration in the supported sites continued and included onsite knowledge and resource sharing on the concept of FP/HIV integration as well as training HCWs in LARC in all the six provinces. Further, more coaching and mentorship activities were initiated during the quarter to equip HCWs with skills to develop health center level guidelines and systems that will support integration between FP, HTC, ART and MNCH activities in line with the “one stop shop approach”. HCWs were also encouraged to record data accurately and to show how clients flow between HTC, ART and FP services. Efforts were also undertaken to encourage HCWs to expand the method mix by using emergency contraceptives for clients who were eligible to make use of this method. At the end of the quarter, a total of 180 providers were trained in LARC. A total of 9,124 HTC clients were referred for FP and 11,654 (including those referred from other services such as post-natal) were provided with FP services. A total of 3,446 ART patients were provided with FP services. Arising from onsite mentorship activities, health centers have planned to step up community sensitization activities on FP to increase the demand for FP services.

- HTC services for children: A total of 4,167 children were tested for HIV during this reporting period. 669 children were tested in under-five clinics while 3,498 were tested in pediatric wards across the six supported provinces. Of those tested, 167 tested positive for HIV and were linked to treatment, care and support services.
- Integration of screening for gender based violence (GBV) within HTC services: As part of the integration strategy, screening HTC clients for GBV using the CHC checklist continues to be one of the priorities for ZPCT IIB. During this reporting period, a total of 15,166 HTC clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, PEP, emergency contraception and legal aid.

1.2: Elimination of mother-to-child transmission (eMTCT) services:

During the quarter under review 436 public and 24 private health facilities provided eMTCT services in the six ZPCT IIB supported provinces. As part of routine ANC services, 46,914 ANC clients were tested for HIV using the opt-out strategy, with same day results. Out of the 46,914 tested and counselled, 2,645 (5.63%) tested HIV positive, collected results and were initiated on cART within MNCH. Out of 14,015 mothers who re-tested during subsequent ANC visits, 245 (1.7%) tested HIV positive and were initiated on cART. A total of 4,250 HIV positive ANC clients received ARVs for eMTCT.

Working in collaboration with the PMOs and DMOs, ZPCT IIB technical staff monitored and mentored staff in the provision of Option B+.

- 440 eMTCT sites are providing cART within MNCH while 13 are referring mothers to ART clinic for initiation of cART.
- A total of 2,645 pregnant women tested HIV positive out of which 2,533 (95.76%) were initiated on cART including those HIV positive women who were missed in the last quarter.

HIV positive pregnant and breast feeding women together with HIV infected male partners were being initiated on cART within MNCH. Capacity building for HCWs and eMTCT lay counselors in Option B+ is ongoing.

- Strengthening early infant diagnosis (EID) of HIV for exposed infants: Promoting and supporting DBS collection at six weeks and six months remained one of the main priorities of the technical assistance in this quarter. During this quarter HCWs were mentored on the importance of DBS collection, with prompt provision of results to the care taker to promote initiation of treatment of to all exposed babies with a reactive HIV result. A total of 1,984 exposed infants were virologically tested between 2 and 12 months out of which 168 (8.46%) were reactive to HIV.
- Re-testing of HIV negative pregnant and breastfeeding women: Working in collaboration with the DMOs, ZPCT IIB supported health facilities to strengthen retesting of pregnant and breastfeeding women who tested HIV negative early in pregnancy or before delivery, from 32 weeks thereafter and during postnatal period with emphasis on correct and accurate documentation in the eMTCT registers. During this reporting period, 14,015 pregnant and breastfeeding women were re-tested and 245 HIV tests were reactive (sero-converted) representing a 1.7% sero-conversion rate. Those who sero-converted were initiated on cART according to the current national consolidated guidelines for treatment and prevention of HIV infection.

Other TA areas of focus under eMTCT included:

- FP and ART integration activities are ongoing in the 12 FP/HIV model sites. Monitoring, mentorship and technical support to FP model sites were provided to identify gaps and areas needing improvement. The identified shortcomings were addressed in order to meet FP needs of HIV positive clients. TA was provided to encourage FP counseling of clients seeking services in MNCH and ART and emphasis was placed on documenting the number of clients being counselled for FP whether or not they end up accessing and utilizing FP. Expansion of FP services including LARC to 120 facilities in the six provinces is ongoing and distribution of instruments and equipment to the facilities as part of scale up support is nearing completion. Six LARC trainings have been conducted in this quarter and for the first time a module on the integration of FP and HIV has been incorporated into the curriculum.

- During this quarter, a total of 726 Jadelle and 55 IUCDs were inserted in the 12 model sites. 1,584 clients received oral contraceptive pills and 8,567 received injectable contraceptives (7208 DEPO and 1,359 Noristerat).

- Project Mwana to reduce turn-around time for HIV PCR results: the selected facilities have continued utilizing these services. Mothers and guardians are communicated to through the mobile phone SMS to come to the clinic for their children's results in the shortest period of time and those testing HIV positive are initiated on cART.

1.3: Antiretroviral Therapy (ART)

169 public and 23 private health facilities provided ART services in the six ZPCT IIB supported provinces in the quarter under review. All the 192 ART facilities provide both pediatric and adult ART services and report their data independently.

During this quarter, 10,911 new clients (including 597 children) were initiated on antiretroviral therapy. 91 were HIV positive individuals in HIV discordant couples and 2,533 were HIV positive pregnant women that were identified through the eMTCT program and 92 in the ART clinics. Cumulatively, there are now 278,965 patients that are receiving treatment through the ZPCT IIB supported sites, including 17,505 children. This quarter, 168 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 4,203 patients in care were referred for FP services.

During the quarter under review, TA focused on the following:

- Operationalization of the new consolidated prevention and treatment guidelines: Orientation of HCWs in the Consolidated HIV Management guidelines has continued and 124 HCWs were oriented and on-site mentorship conducted in the period under review. Further orientation in the recent past has been targeted towards other staff such as the district managers and supervisors as well as laboratory and pharmacy providers. To further support operationalization of the new guidelines, ZPCT IIB conducted Adult ART/OIs training with a total of 182 HCWs being trained. Pediatric HIV training was also conducted and a total of 258 health care workers were trained. This was followed up by on-site mentorship. The Provincial staff on the Copperbelt made follow-up on ZPCT IIB supported facilities and found that the following facilities were managing patients according to the 2013/2014 Consolidated guidelines: Mindolo, Luangwa, Mulenga, Ipusukilo, Riverside, Chimwemwe, Kawama, Ndeke, Lubengele, kakoso, Ronald Ross, Chiwempala and kitwe Central Hospital Health Care workers were oriented on viral load scale up and provided with the operational manuals.
- Post exposure prophylaxis (PEP): PEP services were provided in the supported facilities. Technical support was provided to the facilities to ensure proper documentation of information in the PEP registers. A total of 218 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 95; exposure type II (occupational) 92; and other exposure 31.
- Updates in SmartCare Clinical Reports for Patient Management: The ZPCT IIB technical team had a consultative meeting during the quarter where the revised version of SmarCare was being reviewed and mapping done to be able to produce ZPCT IIB PEPFAR related clinical and monitoring reports. Also in attendance to facilitate this was the SmartCare software developers from Elizabeth Glazier Pediatric AIDS Foundation (EGPAF). These reports are expected to be running in the next quarter after trial runs.

Pediatric ART activities

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 192 ART sites. From these facilities, 597 children were initiated on antiretroviral therapy. The focus of TA by ZPCT IIB for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT IIB implemented different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. Provincial laboratories are now able to do DNA PCR, which has reduced the turnaround time to one week in districts close to the labs. The facilities that received positive results were followed up by ZPCTIIB staff to ensure that the care-givers were contacted and children initiated on cART. Technical support was provided across the six supported

provinces in the follow-up and initiation on ART of HIV positive babies. Pediatric ART continues to be monitored and is with time expected to improve in coming months because of enhanced eligibility criteria for all HIV positive children who are 15 years and below.

- Expanded eligibility criteria for children: Onsite mentorship was provided to staff trained in the consolidated guidelines to ensure that any child 15 years and below who tests positive is commenced on cART. Pediatric trainings included staff from MCH and so far ART initiation for Children in MCH is being done at Twapia, Buchi, Kabushi, Mulenga, Ipusukilo, Riverside and Bulangililo. ASWs were given names of children in the Pre-ART registers for follow-ups so that they are brought to the facilities for initiation.
- Adolescent HIV services: ZPCT IIB supported adolescent HIV clinics. Adolescent meetings were held in the following facilities; Kabwe General Hospital, Ngungu, Makululu, Kapiri urban Clinic, Solwezi Urban Clinic, Solwezi General Hospital, Mufumbwe District Hospital, Mwinilunga District Hospital, Kamuchanga, Kakoso, Chimwemwe, ADH, Lubuto, Chipulukusu, Thomson Hospital, Nchanga North Hospital, and Chiwempala. Topics including reproductive health, disclosure and adherence were discussed. A total of 296 adolescents were involved in these meetings. Adolescent clinic days were also set at Kasempa urban clinic, Mwinilunga district hospital, Zambezi district hospital and Solwezi general hospital.
- Two Care-givers' meetings were held at Mbala General Hospital and Kasama Urban Clinic.
- Mbala General Hospital conducted sensitization meetings on reducing stigma and discrimination among school-going adolescents in three schools.
- Community ART Dispensing: The pilot study has since began in the 12 selected facilities supported by ZPCT IIB. A total of 200 self-selected groups of People Living with HIV have been formed so far.
- Community ART Tracking Register (CAT Register). These have been placed in all ZPCT IIB supported facilities. They are being used to document all tracking efforts done during follow-ups of patients who are late for pharmacy pick-ups.
- National level activities: ZPCT IIB staff participated in the Pediatric ART TWG, TB/HIV TWG and ACT Monitoring meetings. ZPCT IIB also participated in the formulation of 2016-2021 National Pediatric HIV Care Implementation plan from 8 to 9 February 2016.

1.4: Clinical palliative care services

440 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 369,366 clients received care and support at ZPCT IIB supported sites (including 17,476 children) which included CD4 count assessment, provision of cotrimoxazole prophylaxis (septrin), nutrition assessment using body mass index (BMI), and screening for and management of TB, hypertension and diabetes as well as pain management.

- Screening for selected chronic conditions in patients accessing HIV services: As part of managing HIV as a chronic condition, PLHA attending HIV services were screened symptomatically for diabetes. During this reporting period, 20,876 PLHA were screened using the chronic HIV checklist (CHC).
- Nutrition assessment and counseling: ZPCT IIB supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 30,835 clients were assessed for nutritional status using BMI and the malnourished are referred accordingly.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 8,778 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed, such as further counseling, shelter, economic empowerment support, paralegal services, etc.
- Cotrimoxazole prophylaxis: This quarter, 7,092 clients were put on cotrimoxazole prophylaxis, and 474 exposed infants initiated on cotrimoxazole through the eMTCT program.

1.5: Scale up Voluntary Medical Male Circumcision (VMMC) services

- This quarter, ZPCT IIB supported VMMC service in 61 (58 public and 3 private) health facilities. 6,520 males from the target age group 10-49 years were circumcised. Of these, 4,935 were done in static sites and 1,585 through outreach MC services. Out of the total males circumcised this quarter, 5,277 were counseled and tested for HIV before being circumcised representing 80.1% of all target age group VMMC clients. Of this number, 25 tested positive for HIV and were linked to care and treatment. There were 1,243 clients who were not tested due to stock out of HIV test kits at national level.
- Strengthening integrated service delivery: ZPCT IIB continued to work with other departments in the health facilities to strengthen internal referrals especially from MCH, OPD and HTC units. During the January 2016 campaign, ZPCT IIB staff worked with community mobilization teams to sensitize and refer clients for VMMC and to track clients for post-operative reviews.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: During the reporting period, ZPCT IIB provided technical support based on findings from HPCZ accreditation tool earlier administered to improve identified gaps at respective facilities.
- Capacity building: During the quarter, Surgical Society of Zambia (SSZ) conducted two trainings for HCWs in MC Skills. A total of 30 HCWs were trained in providing VMMC services as follows; Copperbelt (05); Luapula (10), Muchinga (05) and North Western (10).
- Interventions to improve VMMC reach (MC outreach): ZPCT IIB participated in the campaigns in January 2016 as part of the national school holiday VMMC campaign in addition to the regular district based VMMC outreach activities. ZPCT IIB also provided support for VMMC mini campaigns in selected districts in order to promote the service outside traditional school holiday months. A total of 623 clients accessed VMMC service through outreaches.
- Strengthening existing systems for coordinating MC programming: ZPCT IIB provincial offices participated in the national December/January campaign review meetings at both provincial and district level. This activity has contributed to bringing together implementing partners at provincial level where they share best practices and provide a platform for MOH to lead the program. Additionally, ZPCT IIB participated in all TWG meetings which supported the development of the National Operational Plan and Terms of Reference for the subcommittees and the main TWG.

1.6: TB/HIV services

ZPCT IIB supported 471 health facilities to implement TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Because of continued low numbers of clients screened for TB in the HIV care clinics against the potential number of clients who pass through these clinics, technical assistance was strengthened and targets were given to the provincial offices on the number of clients to be screened for TB. 26,577 PLHA were screened for TB in clinical care/ART clinics. 1,371 were found to be symptomatic and were documented and referred for further management. 504 patients were diagnosed with active TB and were started on treatment. 120 patients receiving HIV care and treatment were also receiving TB treatment. 222 TB patients were started on ART. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- Initiation of all TB/HIV co-infected PLHA: ZPCT IIB mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. 450 of the clients were initiated on ART within 60 days of starting TB treatment compared with 54 initiated after 60 days, while 162 TB patients were initiated on ART within 30 days of commencing TB treatment. Fewer clients are now being initiated after 60 days. Work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts (Kabwe, Ndola, and Kitwe)

on implementing the one-stop center for TB and HIV services. The next step is to identify TB facilities that do not have ART services and training health care workers to manage TB/HIV co-infection.

1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071

During the quarter under review, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia continued implementing activities as follows:

- **Voluntary Medical Male Circumcision (VMMC) services:** All six PopART sites provided VMMC services through the static sites. A total of 596 MCs were done with 540 clients being tested for HIV as part of VMMC services. Ndeke and Chimwemwe are planning to hold outreach activities during non MC campaign periods. All the six PopART sites worked with the provincial technical teams to prepare for the upcoming April – May 2016 MC campaign activities.

The table below provides a summary of VMMC activities that were performed between January and March 2016.

Facility name	Number of MC clients pretest counselled, tested and received HIV results	Number of clients tested HIV negative	Number of clients tested HIV positive	Total number of males circumcised as part of the minimum package of MC
Chipulukusu	134	134	0	134
Ndeke	33	0	0	33
Makululu	62	62	0	66
Chimwemwe	21	21	0	23
Chipokota Mayamba	174	173	1	174
Ngungu	116	116	0	166
Totals	540	530	1	596

- **Implementation of Option B+:** ZPCT IIB provided technical support towards implementation of Option B+ services. A total of 166 (increase by 7%) HIV positive pregnant and breastfeeding women were initiated on cART in the PopART sites. The rise is as a result of the inclusion of midwives in the basic ART/OIs adherence counselling training for HCWs and mentorship activities.
- **Implementation of IPT:** enrollment activities of new clients eligible to receive Isoniazid (INH) 300mg tablets to prevent tuberculosis were suspended by the DMOs and ZPCT IIB technical officers due to inconsistent supply of INH drugs from the central level. However, dispensing of drugs to old clients continued during this period. The Senior Advisor under Pharmacy unit will make follow up concerning more supplies of INH tablets.
- **Transitioning of PopART arms B and C to test and treat:** discussions to transition activities at arms B (Makululu and Chimwemwe) and arms C (Ngungu and Chipokota Mayamba) facilities were initiated by the lead partner ZAMBART. The PopART study protocol was amended and approved by Ethics Committee and other approving bodies including MOH. Written permission to transition all HIV positive clients in PopART study arms B and C to start immediate ART was granted by MOH. Operationalization of this transition is expected to begin early next quarter.
- **Initiation of HIV positive clients based on PopART study criteria (“Test and Treat” irrespective of CD4 count):** The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal HTC with clients who test positive for HIV initiated on ARVs irrespective of CD4

count/WHO Stage as per study protocol. Active mobilization and linkage to care in Arms A and B continued. Facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal HTC and initiated eligible clients on ARVs according to the current national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines, but with no active mobilization or linkage.

January – March 2016 enrollment data in the Arm A facilities

Facility name	Total HIV + individuals enrolled in care	Total HIV + individuals initiated on cART	HIV+ individuals initiated outside the national guidelines	Clients enrolled due to CHiPs intervention
Ndeke	151	175	22	41
Chipulukusu	236	189	31	64
Totals	387	364	53	105

The table above shows that out of the total of 387 HIV positive individuals that were enrolled into care during this reporting period, 105 (27%) had been enrolled after referral by the CHiPs (Community HIV care Providers) who conduct door to door HTC within the community. Ndeke health Centre initiated more clients on ART than enrolled with the difference spilling over from the previous quarters.

1.8: Public-private partnerships

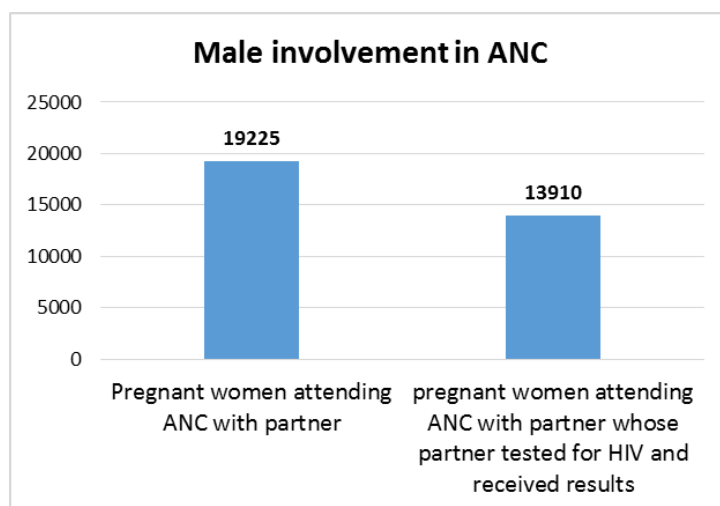
During the quarter, ZPCT IIB supported all the 30 private health facilities through onsite training for HCWs in the Zambia Consolidated guidelines and provision of new national ART guidelines (Consolidated ART Guidelines) to ensure adherence to national protocols. All the supported sites that have MoUs with fhi360 have been reporting service statistics to district health offices alongside with what is reported to ZPCT IIB.

1.9: Gender Integration

One of the strategies that ZPCT IIB uses to address GBV in HIV/AIDS service delivery is training of clinic staff and community volunteers in GBV screening, counseling, referral and treatment. During the reporting period, a total of 99 (51 female and 48 male) community volunteers were trained in GBV screening, counseling and referral. The trained community volunteers are expected to apply the skills from the training through community mobilization, referral and screening using the CHC checklist.

ZPCT IIB facilitates continuous proactive screening of clients for gender based violence in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate GBV disclosure and increased access to PEP and to mitigate the impact of GBV on HIV/AIDS service uptake. During the reporting period, a total of 32,641 clients were screened for various types of GBV while 95 survivors of sexual assault were provided with PEP.

ZPCT IIB has continued to promote men's participation in perceived "women's" health services such as antenatal and family planning and HIV/AIDS services through promotion of couple counseling.



During the quarter under review 19,225 pregnant women attended ANC with their male partner; 13,910 pregnant women accessed PMTCT services with their male partners who also got tested for HIV; 2,001 couples were counseled about FP and accepted a contraceptive method and 18,086 couples received post HIV test counseling and collected results at HTC centers.

ZPCT IIB will continue to sensitize communities on the benefits of HIV testing including couple testing and disclosure of HIV status to partners.

As part of the 2016 commemoration of International Women's Day, FHI360 participated in the lessons learnt event that was organised and hosted by the Ministry of Gender and World Vision's GBV Survivor Support Project under the theme "Planet 50-50 by 2030: Step it up for Gender Equality". The event was held on 7th March at the Gouvernement Complex. The forum created an opportunity for stakeholders to discuss lessons learnt and key issues that need to be considered to improve Gender Equality and GBV programming. FHI360 took advantage of this forum to communicate the need for health care workers to embrace innovations like the checklist used to screen clients for GBV rather than perceive it as additional work, the need for medical officers to desist from charging survivors to get the medical report signed, and the need for GRZ managed safe places for survivors.

FHI360 continued strengthening collaboration with USAID funded projects through information sharing with the GBV Survivor support project (GBVSSP). The information from the GBVSS was used to inform ZPCT IIB provincial offices of the existing GBV One Stop Centers for purposes of increased collaboration and information on the most prevalent types of GBV for evidence based community sensitisation.

Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC

2.1: Maintain, expand, and strengthen pharmacy services

The total number of ZPCTIIB supported facilities with pharmacies is 471 of which 30 are in the private sector. ZPCT IIB provided technical support in pharmaceutical services to 72% of these facilities in the period under review. Ongoing technical assistance and mentorship was provided mainly on strengthening pharmaceutical management systems, capacity strengthening activities with district health staff, community distribution of ARV drugs, stock assessment of ARV medicines and medical supplies, operationalizing of the SmartCare integrated module in the pharmacy department, and consolidation of the pipeline of the VMMC program for static and outreach activities.

- SmartCare Integrated pharmacy module Database: ZPCTIIB staff worked with other cooperating partners to check on the operations of the upgraded version 4.6.0.6 of SmartCare and the previously noted issue of inaccurate reports is still being worked on and will be rectified next quarter. Sixty five percent (65%) of the facilities installed with the tool were visited and provided with technical support and operational issues were resolved and rectified on site. The usage of the SmartCare integrated tool decreased tremendously as noted by all the provinces and this necessitated a series of on-site mentorship activities in the use of the tool to be conducted. In addition, the SmartCare module was incorporated into the ART commodity management trainings held in the quarter. Through the SmartCare mapping workshop, Pharmacy staff provided MIS systems strengthening for sustainability of software usage.

- Pharmaceutical Management: During the quarter under review, pharmaceutical storage conditions that assure the quality of medicines were reviewed and it was noted that a total number of 13 air conditioners were nonfunctional. These breakdowns were reported to the programs unit and the provincial medical equipment officer in respective provinces were notified and a plan was put in place to visit the affected facilities to rectify the problems identified. Some facilities required replacement and installation of new air conditioners as non-functionality of the air conditioners in the affected facilities has negatively affected the upholding of optimal storage conditions for pharmaceutical products. It was also noted that medicine counting trays that are required at facilities for pre-packing of medicines were not available at most of the supported sites. This issue was discussed with the respective district pharmacy personnel to ensure that they include procurement of medicine counting trays as well as room thermometers on their procurement lists. However, ZPCTIIB is in the process of procuring counting trays and room thermometers for the affected facilities to promote good pharmacy practice and enhance the provision of quality pharmacy services.
- Rational Medicine Use: Some of the facilities visited were not adhering to the ART consolidated guidelines with regard to medicines required for treatment of HIV in pediatric clients. In addition, it was noted that a few of the sites were stocked with Zidovudine/Lamivudine FDC which is not recommended for use predominantly under the new guidelines. This product was withdrawn and taken to respective district pharmacy stores. Mentorship sessions in collaboration with the clinical care team and focused technical assistance visits were conducted at affected facilities on the correct ARV medicines to be used by both the clinicians and the pharmacy personnel. To ensure continued compliance with the guidelines as well as maintain the availability of the correct products, pharmacy personnel were included in the ART consolidated guidelines training and ZPCTIIB will continue to hold one-on-one orientation sessions with relevant staff.
- Implementation of Option B+: Support to facilities implementing option B+ continued in the period under review and onsite orientation sessions were conducted which resulted in improvements in drug management supply chain coordination at facility level. This ensured availability of ARVs for eMTCT and proper inventory management tools to manage the medicines and supplies in the MCH department. The facilities visited had no problem on how to order the ARV drugs and had adequate storage space for ARVs at their MCH departments in the lockable storage cabinets. During the quarter, daily activity registers were distributed to eMTCT facilities to enhance accountability, timely and correct ordering of ARVs for option B+.
- Male Circumcision Program: 1000 packs of Examination gloves and Adhesive bandage were received in February 2016 and 522 packs of Adhesive bandage were rejected as they did not meet the standard. Lignocaine and chromic catgut were distributed to the provinces. A stock take of all the products in the store room was conducted to ascertain the need for more stocks to be ordered to resupply the system. The following products are in stock – Chlorhexidine gluconate, Sodium hypochlorite, incontinent sheets, Zinc oxide adhesive plaster, povidone iodine solution, chromic catgut, tissue forceps and some MC consumable kits. All these products were distributed to the provinces during the quarter under review.
- TB/HIV Interventions: As noted last quarter, the challenges with implementation of TB prophylaxis persisted and the central medical store is yet to receive new stock of Isoniazid. Distribution of the stock supplied to the province continued to the remaining districts and facilities were advised to be cautious with recruitments as this stock was reserved for clients currently receiving prophylaxis for the prevention of TB in HIV positive clients.
- Community ART Distribution: ZPCT IIB pharmacy staff assisted with the implementation of the Community ARV distribution initiative in collaboration with the clinical care team. The number of self-select groups collecting ARV drugs in order to decongest facilities increased across the districts.

This initiative is aimed at enhancing adherence and retention in care and will ultimately improve efficiency in Pharmacy operations.

- **Supply Chain Management:** ZPCT IIB participated in national-level activities focused on planning for various commodities in support of the ART, PMTCT, opportunistic infection and STI, MC, reproductive health, and other programs closely linked to HIV/AIDS services provision:
 - **ARV Logistics System Status:** ZPCTIIB staff distributed the memo with information on the availability of Tenofovir 200mg (TDF) and at least 30% of the ART facilities visited had either requested for the product or had received the item for use. As a follow up to the stock imbalance noted last quarter, a number of sites had placed orders for Atazanavir/Ritonavir tablets to be used as an alternative to clients that cannot tolerate Alluvia. During the quarter under review, some supported ART sites recorded huge quantities of short dated Tenofovir/Lamivudine/Efavirenz received from MSL under a push system in an effort to clear the huge stock to minimize expiry at national level. Affected facilities were also stocked with consignments with good expiry for continued dispensation once the stock in question was utilized or expired on the shelf.
 - **Essential Medicines Logistics Improvement Program:** Most of the ZPCT IIB supported facilities reported stock imbalances for all pack sizes of Coartem tablets and Rapid Malaria test strips. This was attributed to challenges experienced with the delivery of commodities by MSL in the period under review. Some of the districts in Northwestern province that had completely stocked out of the product were advised to place emergency orders and some Coartem was delivered although the quantity was not sufficient. ZPCT IIB staff combined efforts with MOH to ensure that this situation was normalized before the end of the quarter.
- **Guidelines and Standard Operating Procedures:** The final draft manual was submitted to FHI360 procurement team to solicit for quotations for typesetting of the pharmacy standard operating procedures and printing of 5,000 copies to distribute to facilities. The SOPS will be printed and distributed in the next quarter.

2.2: Maintain, expand, and strengthen laboratory services

- This quarter ZPCT IIB supported 146 laboratories in public health facilities and 25 laboratories in private health facilities, with 131 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. ZPCT IIB provided support through technical assistance, equipment maintenance, training, and placement of equipment.
- **PCR laboratory at Arthur Davison Children's Hospital:** Testing operations have been very consistent over the past three months primarily because EID and VL reagents at MSL continue to be available. The lab was therefore able to deal with the backlog of 5200 EID samples and managed to engage extra staff via extra shifts to hasten the backlog clearing process. The analyzer unit continues to be monitored as per agreement with the vendor and during the period under review, there were no major incidents. For external quality assurance monitoring, the laboratory was enrolled into the CDC Global Aids Viral Load Proficiency Testing program. The lab will now be monitored for both EID and VL and received their first EID Panel and EQA panel during the quarter. The number of EID samples being processed by the lab is slowly decreasing with the provincial centers now performing HIV EID. 1893 VL have been tested and 9943 EID samples have been processed. **PCR Mansa:** Solar installation has not taken place at the laboratory, pending availability of funds. During the period under review, the laboratory was able to run 794 VL and 501 EID. ZPCT IIB has been working very closely with provincial and district staff to work out mechanisms on how VL samples can be transported to the testing centers without losing viability due to the stringent cold chain requirements. The lab is providing testing services to all the local centers in Mansa and extending services to districts within the roughly 70km radius. However, plans are underway to cover the whole province.

- Provincial PCR Updates:

Kabwe General Hospital: During the period under review, the laboratory was able to run 412 VL and 241 DBS for EID. Through collaboration with PMOs and DMOs, ZPCT IIB hopes to create demand by exploiting the scale up of the door-to-door HTC and the use of indexed clients as another point of entry into the community.

Solwezi General Hospital: During the period under review, the PCR Unit at SGH was validated and testing for VL and EID commenced. So far 334 VL and 102 DBS for EID have been processed.

Kasama General Hospital: Testing for VL and EID commenced on 26 January and up to 31 March 118 VL and 301 DBS for EID have been processed. Scale up through demand creation activities will be jointly embarked upon by ZPCT IIB and its partners.

Ndola Central Hospital: For the period under review, 1,134 viral load samples were tested while a total of 34 were invalid.

- Monitoring new PCR Testing processes: During the review period ZPCT IIB hosted under the leadership of MSH a joint VL and EID Implementation Meeting in the second week of February. The meeting was attended by ZPCT IIB Provincial Technical Advisors, Senior Clinical Care Officers, Laboratory Technical Officers, and Clinical Care Specialists from respective PMOs. The goal was to map out strategies on how VL and EID would be rapidly scaled up and address the stringent requirements for plasma cold chain collection, packaging, storage and delivery, and transportation. Revision of a recently designed collection SOP was also undertaken.
- Internal quality control: The completed and finalized database reports will now provide comprehensive information on equipment monitoring activities. ZPCT IIB rolled out the collection of data on equipment functionality, location, servicing required, and due dates for vendors to provide service activities. The full benefit of this approach will be realized at the end of a 6 month period. Because this approach is still in its infancy, ZPCT IIB will concentrate on ensuring that data is collected first and processed at an appropriate interval. It is anticipated that results will guide implementation of a specific intervention for equipment sustenance and maintenance. Also, monitoring of MoH approved IQC forms continued. External quality assurance: MSH supported the MoH approved external quality assurance programs as follows:
 - CD4 External Quality Assistance (EQA) Program: ZPCT IIB continued to review UKNEQAS CD4 EQA feedback reports from enrolled facilities. CD4 absolute and CD4 percentage results continue to be monitored and facilities on average are performing within two standard deviations. ZPCT IIB proposed corrective actions to facilities that have been performing inconsistently. Performance analysis for CD4 EQA for the period January 2013 to December 2014 has been completed and will provide the basis for focused interventions and corrective actions going forward.
 - HIV EQA Program: During the quarter, the National Reference Laboratory shared the HIV Testing Proficiency Panel Distribution Schedule and the first set of panels were released in January 2016. ZPCT IIB assisted with the distribution of panels and will continue to monitor testing performance of lay testers in the testing corners across all ZPCT supported facilities.
 - Chemistry EQA Program: Feedback from the EQA provider for the first trial to ZPCT IIB supported sites that recently enrolled in the Chemistry EQA program (Royal College of Pathologists of Australasia Quality Assurance Program - RCPQAP) was received. ZPCT IIB is in the process of jointly reviewing performance and will assist with corrective actions and documentation of all the required interventions. During the quarter, the second cycle of proficiency material was sent out by the EQA provider.

- 10th Sample Quality Control for HIV testing: During this quarter ZPCT IIB continued to examine quality control activities in the testing corners and worked collaboratively with HTC staff to make sure this is regularly done. Evidence of this was verified in the daily activity registers in well over 90% of the HIV testing corners.
- EQA and TB diagnostic activities: TB EQA activities remain largely unchanged as support has dwindled with the close out of TBCare. However, TB diagnostic activities at facility level continued during the quarter with TB smear microscopy and Gene X-pert in select facilities providing lab diagnostic services.
- Commodity management: The management of commodities across all ZPCT IIB supported sites continued during the period under review. Stock out of EDTA containers persisted throughout the period. However, through MSH, ZPCT IIB conducted a quantification activity to determine quantities required by each province in order for ad-hoc procurement to be supported by ZPCT IIB. It is expected that the ZPCT IIB procured consignment of containers will arrive in April 2016. It is worth noting that as a consequence of this stock out, full blood counts, viral loads and CD4s have been adversely affected due to this national stock out. However, facilities continue to manage their stocks using good commodity practices such as regular bin card entries, stock taking and submission of reports to the logistics management unit at MSL.
- Equipment Maintenance: During the period under review, joint monitoring visits between ZPCT IIB Laboratory Officers, Provincial Medical Equipment Officers, and Provincial Biomedical Scientists were conducted. The joint visits are aimed at increasing PMO involvement and ownership in equipment monitoring and maintenance of ZPCT IIB project equipment in order to foster sustainability. ZPCT IIB has also proposed the introduction of equipment monitoring activities in the regularly administered QA/QI tool. This will allow for periodic information on the status of the different haematology, chemistry, CD4 analyzers, and PCR analyzers.
- CD4 Point of Care testing - PIMA Functionality: During this quarter, the vendor was engaged with regard to the externalization of results via the external modems. The vendor has indicated that this problem will be attended to through the acquisition of satellite-based SIM cards and it is hoped that in the next quarter the challenge will be rectified as it has persisted across two-quarters. Use of these platforms was also reviewed with the vendor and it was noted that Copperbelt was consistent in utilizing them which can largely be attributed to the high ART numbers.

2.3: Develop the capacity of facility HCWs and community volunteers

This quarter, ZPCT IIB supported the following trainings:

- Adherence Counselling for HCWs: 94 HCWs trained in Copperbelt, Northern and North Western Provinces.
- Adherence Counselling Refresher Lay: 125 community volunteers trained in Luapula, Central, Copperbelt and Muchinga.
- Child HTC Lay: 59 community volunteers trained in Northern, Central and Copperbelt provinces.
- Youth CT: 56 HCWs trained in Central and Luapula provinces.
- Couple HTC Lay: 40 community volunteers trained in Couple HTC in Copperbelt and Luapula provinces.
- Couple HTC HCWs: 60 HCWs trained in Copperbelt and Northern provinces.
- eMTCT HCWs: 49 HCWs trained in Copperbelt and Luapula provinces.
- eMTCT Lay: 50 community volunteers trained in Central and Northern Provinces.

- eMTCT Lay Adherence Counselling: 72 community volunteers trained in Copperbelt and North Western provinces.
- Family Planning: 180 HCWs trained in Copperbelt, Luapula, Muchinga, Northern, Central and North- Western provinces.
- GBV Lay: 100 community volunteers trained in Central, Luapula, Northern and Muchinga provinces.
- HTC Refresher lay: 24 community volunteers trained in Copperbelt province.
- ADULT ART/OIs: 182 HCWs trained in North Western, Northern/Mushinga, Copperbelt, Central and Luapula Provinces.
- ART Commodity Management: 72 HCWs trained in Northern, Copperbelt, Central and Luapula Provinces.
- Lab EUMT: 50 HCWs trained in Central, Luapula and Copperbelt provinces.
- Male Circumcision: 30 HCWs trained in Copperbelt and Luapula provinces.
- Pediatric ART: 258 HCWs trained in Luapula, Copperbelt, Muchinga, North Western, Central and Northern provinces.
- Managing TB (3Is): 25 HCWs trained in Central province.

In addition, ZPCT IIB supported the following:

- Orientation of 124 HCWs in the new GRZ consolidated prevention and treatment guidelines in five provinces.
- Trained 30 Data Entry Clerks in the DHIS.
- Clinical training skills: 22 ZPCT IIB staff and MOH trained in facilitation skills.
- Family Planning training package reviewed, currently in draft form.
- CBDs training package reviewed and currently undergoing pre-testing

Training Course	Province	Training Dates	Number Trained
Adherence Counselling HCWs	Copperbelt	28 Feb- 5 March 2016	24
	Northern	24- 26 Feb 2016	25
	North Western	10-12 Feb 2016 & 10-12 Feb 2016	45
		Total	94
Adherence Counselling Refresher Lay	Luapula	31 Jan- 6 Feb and 14 Feb -20 Feb 2016	50
	Central	14-18 Feb 2016	25
	Muchinga	13-16 March 2016	25
	Copperbelt	29-31 Mar 2016	25
		Total	125
Child HTC Lay	Central	21-28 Feb-16	19
	Copperbelt	21- 28 Feb-16	20
	Northern	13-19 Mar-16	20
		Total	59
Youth CT	Central	14-21 Feb-16	26
	Luapula	03-10 Apr-16	30
		Total	56
Couple HTC Lay	Copperbelt	07-14 Feb-16	20
	Luapula	28-Feb- 06 March 16	20

Training Course	Province	Training Dates	Number Trained
		Total	40
Couple HTC HCWs	Copperbelt	06-13 Mar -16	30
	Northern	10 -17 Jan 16	30
		Total	60
eMTCT HCWs	Copperbelt	21-28 Feb-16	24
	Luapula	07-13 Feb-16	25
			49
eMTCT Lay	Central	10-17 Jan-16	25
	Northern	8-12 Feb 16	25
		Total	50
eMTCT Lay Adherence Counselling	Copperbelt	13-19 Mar-16 and 27-Mar-02-Apr-16	47
	North Western	27-Mar-02-Apr-16	25
		Total	72
Family Planning	Central	21-Feb-4March16 & 13-26 March 16	41
	Copperbelt	14-27 Feb-16 & 13-26 Mar-16	40
	Northern	14-27 Feb-16	20
	Muchinga	14 -27 Feb 16	20
	Luapula	15 -26 Feb 16 & 13- 27 Mar-16	40
	North Western	13- 27 Mar-16	19
		Total	180
GBV Lay	Central	17- 23 Jan-16	25
	Luapula	14 - 20 Feb-16	25
	Muchinga	21- 27 Feb-16	24
	Northern	24 – 30 Jan 16	26
		Total	100
HTC Refresher lay	Copperbelt	28-Feb-05-Mar-16	24
		Total	24
Adult/ OI	North Western	11-23 Jan-16	23
	Luapula	10-22 Jan-16	25
	Northern/ Muchinga	07-18 Feb-16, 10-28 March 16	57
	Copperbelt	24-Jan -04-Feb-16	27
	Central	10-22 Jan-16 and 24 Jan-05-Feb-16	50
		Total	182
ARTCommodity Management	Luapula	28-Feb- 05 – March 16	19
	Central	21-27 Feb-16	10
	Copperbelt	25-29 Jan-16	20
	Northern	17-23 Jan-16	23
		Total	72
Lab EUMT	Central	24-30 Jan-16	10
	Copperbelt	31-Jan - 6 Feb 16	20
	Luapula	14-20 Feb-16	20

Training Course	Province	Training Dates	Number Trained
		Total	50
Male Circumcision	Copperbelt	13- 24 Mar-16	15
	Luapula	13- 24 Mar-16	15
		Total	30
Paediatric	Northern	13 – 19 Feb 16	27
	Muchinga	31-Jan-06-Feb-16	27
	Copperbelt	07- 12 Feb, 28 Feb -4 Mar & 14 – 18 Mar	75
	Luapula	31-Jan- 06-Feb-16 & 14-20 Feb-16	50
	Central	21-28 Feb-16 & 06-13 Mar-16	54
	North Western	15-19 Feb-16	25
		Total	258
Managing TB (3Is)	Central	24 -26 Mar 16	25
		Total	25
Zambia Consolidated Guidelines	Muchinga	17-21 Jan-16	25
	Northern	17-21 Jan-16	25
	Luapula	24- 28 Jan-16	25
	Copperbelt	24- 28 Jan-16	24
	North Western	16- 18 Feb-16	25
		Total	124
DHIS (DECs)	Copperbelt	8-12 Feb 16	30
		Total	30

2.4: Support for community volunteers

ZPCT IIB supported 1,419 community volunteers (327ASWs, 538 HTC Lay counselors and 554 eMTCT lay counselors) this quarter. The volunteers supported participated in various community mobilization activities such as adherence support to ART clients, demand creation for HTC, VMMC, eMTCT, safe motherhood and clinical care services. There were 836 volunteers who received their payment using the automated ZANCO Bank XAPIT system, 438 volunteers received their payments by cash and 142 volunteers through Airtel mobile money transfer.

Project supported community volunteers referred clients as follows:

- **HIV testing and counseling (HTC):** Lay counselors at the ZPCT IIB supported facilities mobilized and referred 16,471 (8,649 females and 7,822 males) for HIV counseling and testing (CT). A total of 13,389 (6,783 females and 6,606 males) reached and accessed services at the facilities.

In addition, six episodes of mobile HIV testing and counseling outreach were also conducted and a total of 9,535 individuals (5135 females and 4,400 males) received HIV counseling and testing services.

- **Elimination of mother-to-child transmission (eMTCT):** eMTCT volunteers referred clients to access eMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 10,567 expectant mothers were referred for eMTCT services and 8,775 accessed the services at health facilities across the six supported provinces.
- **Clinical care:** Clients were referred to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 7,492 (4,661 females and 2831 males) were referred for clinical care and 6,352 (4,050 females and 2,302 males) reached the facility and accessed the services.

- **ART:** This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. ASWs visited and counseled 2,719 HIV positive clients (1,526 females and 1,193 males), and these were referred for further management at the supported facilities. A total of 1,993 clients (1,102 females and 891 males) reached the facility and accessed the services.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, volunteers mobilized and referred 4,052 males for VMMC at static sites and a total of 2,848 males were circumcised. There was no mobile VMMC conducted in the quarter under review. As a standard practice, all males were tested for HIV before being circumcised.

2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence

In the quarter under review, ZPCT IIB worked with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus was on exploring sustainable partnerships, including through support for the following entities:

- **Community Leaders (Traditional/Religious):** In the quarter under review, the project identified and engaged five religious leaders as key advocates for HIV prevention, care and treatment in the selected provinces and districts. The project has since engaged 51 traditional and 20 religious leaders since October 2014.
- **People living with HIV/AIDS support groups:** This quarter, the project identified and partnered with five groups of the Network of Zambian People Living with HIV/AIDS (NZP+) in five of the six supported provinces as points for community model to increase ART adherence, retention in care and promote positive health behaviors through Positive Health, Dignity and Prevention (PHDP) intervention. One hundred members, 20 from each group, were trained in key prevention, care and treatment promotion skills to help them contribute to reducing HIV transmission and psychosocial impact of HIV/AIDS.
- **Mother support groups:** ZPCT IIB continued to monitor mother support groups to promote demand for and retention in eMTCT services among expectant and new mothers.

2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care

ZPCT IIB continued coordinating with the PMOs, DCMOs, District AIDS Task Forces (DATFs) and other partners in the six provinces to improve functionality of district-wide referral networks. This quarter the project supported a total of fifteen (15) district referral networks and committee meetings out of the 39 supported district referral networks. The districts that were supported are; Kapiri Mposhi, Mumbwa, Serenje, Mpongwe, Luanshya, Mansa, Mwense, Kawambwa, Samfya, Kasama, Luwingu, Mufumbwe, Kabombo, Zambezi and Mwinilunga. The meetings focused on updating DNR tools such as in-coming and out-going community registers; reporting and giving feedback to referring organizations and reviewing district-wide HIV/AIDS service gaps. The project also supported the typing and printing of district referral network manuals; each DRN that was supported received hard and soft copies of DRN manuals, referral registers and service directories.

ENVIRONMENTAL MITIGATION

- During the mobile HTC, the project ensured that the waste was managed according to the MoH and ZPCT II B environmental mitigation policy. At each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal.
- During the HTC implementation process, used needles, and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags.
- After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal in the incinerator under the supervision of a trained health facility staff.

KEY ISSUES AND CHALLENGES

The signing of project extension agreement, from 31st December, 2015 to 31st March 2016, between FHI360 and CARE was delayed. Subsequently, execution of staff employment agreements and implementation of planned activities for this quarter were equally delayed.

Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions

3.1: Joint Assessment and Planning Process

All ZPCT IIB supported provinces conducted Capacity Strengthening (CS) activities in the following technical areas: clinical mentorship, Quality Improvement (QI), Information Technology (IT), commodity management, service integration and coordination. The relevance and strength of these activities is in the joint use of existing GRZ systems and tools with MOH counterparts and improved interactions. Part of the support provided to the MOH staff to conduct routine mentorship and equipment maintenance included meetings to discuss equipment maintenance plans and transition, clinical mentorship planning and data review meetings. The data sources included routine MOH Technical Supportive Supervision (TSS), ZPCT IIB Technical assistance (TA), Performance Assessment (PA), routine HMIS data and SIMS reports. There were several meetings with MOH and allied projects and other partners to share and coordinate travel and work plans which facilitated combined technical supportive visits and on site mentorship.

3.2: Provision of Capacity Strengthening TA and Related Support

ZPCT IIB provided capacity strengthening (CS) TA as follows:

- Equipment maintenance: ZPCT IIB supported the Provincial Biomedical Scientist (PBS) and Provincial Medical Equipment Officers (PMEO) to conduct mentorship in equipment maintenance as well as maintain and repair lab equipment and air conditioners. Further, the PBS and PMEIO installed voltage stabilizers, centrifuges, Facscount machines and air conditioners procured through the project. Other areas of mentorship included the knowledge and availability of the testing algorithm for HIV, performance of the HIV testing Internal Quality Control (IQC), documentation of results in the HIV testing daily activity register, and separation of medical waste into clinical and non-clinical waste. Weaknesses including documentation according to the standard national formats were addressed as they were encountered with follow ups planned to ensure adherence to national laboratory and medical equipment systems, standards and guidelines.
- Integration of services: service integration meetings were held in various provinces with relevant PMO, DMO and health facility staff in attendance. Key HIV integration indicators (HCT/TB/STI/VMMC/FP/ART) were reviewed and analyzed. MOH staff present were engaged during these meetings to review their data, identify gaps and work towards improving the indicators locally. The data will serve as a baseline for subsequent joint data quality assessments with MOH.
- Clinical mentoring: ZPCT IIB worked jointly with PMO and DMO mentors using GRZ tools to mentor the health facility staff and strengthen the clinical mentorship programme. Clinical Care Teams (CCTs) were supported with resources to hold planning meetings and conduct the clinical mentorship in the pilot facilities (Ndola, Kitwe, Samfya, Kawambwa, Mpika, Nakonde, Kasama, Kabwe, Serenje, and Mwinilunga). Areas of mentorship included Lab, pharmacy, ART (Adult and Pediatric), HTC/eMTCT, Option B+, ART accreditation, commodity management, equipment maintenance, data review processes and documentation of all their routine work including quality controls in the lab. Mentorship reports were shared with the PMOs and DMOs. All identified gaps were addressed which included weak examination skills, checking prescriptions for dosages, time and frequency for dispensing staff. In addition, weak documentation of work processes like quality control was addressed. There were

challenges with some MOH staff understanding of the mentorship tools and the affected staff were orientated as the joint mentorship visits were being conducted.

- **Quality Improvement (QI):** The QI teams were supported with resources to hold meetings to review the QI projects and data. A number of projects have reported improvements. Katuyola RHC in Mwinilunga has a project on the CD4 monitoring of mothers on Option B+ which has improved from 33% to 100%. Mwinilunga District Hospital has shown a reduction in the proportion of lost to follow up patients on ART from 75% to 50%. Kasama urban clinic in Kasama has completed its improvement project on follow up of HIV exposed babies at 6 and 12 months and maintained a 100% follow up rate for more than 4 months. The 5S strategy was implemented in the labs in Central Province. These QI meetings also highlighted some challenges and gaps which were addresses where possible. In Kawambwa, a gap was identified in the referral system of HIV positive children from the children's ward to ART clinic and it was resolved that the lay counsellors would escort the children to the ART clinic to avoid missed opportunities to initiate children on ART. The QI project for Samfya was affected by the stock out of HIV test kits. As data was reviewed in the pilot sites, gaps in documentation were identified and interventions to address them outlined. Few staff are trained in QI in some districts. This makes it a challenge for them to understand the concepts and implement and document their improvement projects. Trainings have been planned for the next quarter (April to June 2016) to address this gap. The District QI Committees (DQICs) needs to work closer with the District CCTs.
- **Information Technology (IT):** ZPCT IIB IT Officers from Northwestern and Luapula provinces worked with the District Health Information Officer (DHIOs) in the pilot districts (Kawambwa, Samfya and Mwinilunga) in repairing and maintaining computers. The DHIOs were oriented in basic IT skills in line with the IT training manuals developed by the project IT staff in collaboration with the provincial ICT Officer as part of strengthening ICT maintenance and repairs. These included installation of various programmes, troubleshooting and maintaining IT equipment including security, and licensing. In these mentorships, identified challenges included lack of tools for DHIOs to use, the lack of power for some buildings and low voltage. It was recommended that the DHIOs needed installation discs for Windows, antivirus software and imaging tools. They also needed modems to aid with data transmission.
- **Commodity management:** Four provinces supported the provincial pharmacy meetings to review 4th quarter data and activities including challenges which were discussed and resolved. This was the first provincial pharmacy meeting ever held in Muchinga and Northern provinces where redistribution of overstocked commodities took place supervised by the provincial pharmacist. Individual facility commodity management reviews were conducted including MTC functionality, pharmacovigilance, and commodity management research and supply chain management. Northwestern (NWP), Muchinga and Northern Provinces conducted commodity management orientation for selected MOH pharmacy and laboratory staff in Mwinilunga, Mpika and Kasama.
- **Partner coordination:** ZPCT IIB in NWP held meetings with PMO staff resulting in improved understanding of project funding and support for capacity strengthening activities and the joint mentoring visits. In addition, the ZPCT IIB project supported the PMOs to hold partner coordination meetings in order to strengthen linkages with the other partners. Three provinces were able to have partner coordination meetings in which they discussed partner activities and their challenges. For Muchinga province, one of the agenda items was improved and coordinated information flow among partners in Muchinga through the use of the NAC Stakeholder Activity Reporting Form (SARF). Two meetings were held with Central and Copperbelt PMOs to discuss the integration of the laboratory equipment planned periodic maintenance and corrective maintenance programme with the PMEO and PBS.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and Evaluation (M&E)

During this quarter, routine M&E processes were conducted, including detailed cascade analysis of several ZPCT IIB program areas such as TB/HIV, eMTCT, Clinical Care and Male Circumcision. The M&E procedure manual was also revised to include new approaches on how clients on current indicators as well as TB/HIV indicators are being captured at the facility level.

During the period under review, ZPCT IIB SI/M&E staff entered data in DATIM for the FY 16 quarter 1 on all the required indicators to be reported. ZPCT IIB SI/M&E Staff supported the Data Entry Clerks in conducting data reviews in their respective facilities. Provincial data validations were conducted in readiness for FY 16 quarter 2 DATIM data entry.

ZPCT IIB SI/M&E staff collaborated with MOH and other partners by participating in a workshop which discussed and reviewed data collection tools used in male circumcision in order to counter all challenges noted in the National VMMC data audit which was conducted in some selected facilities in the country. During the quarter, ZPCT IIB participated in the national upgrading of SmartCare to a new version which is 4.5.0.6. ZPCT IIB SI/M&E Staff also collaborated with EGPAF to review mapping of indicators in the new SmartCare version to match with the ZPCTIIB summation form. Printing and distribution of new SmartCare forms was also done during the period under review.

During the quarter under review, ZPCT IIB SI/M&E Staff supported all the QI projects being conducted in all the provinces. DHIS 2 Training for Data Entry Clerks as well as Information Officers from Kabwe, Kapiri, Ndola and Chililabombwe was conducted in collaboration with MoH.

Capacity building activities

On-site mentorship was provided to facility staff on the changes in the new SmartCare version as well as orientation of Data Entry Clerks on data management on this new version. Overall mentorship of the Data Entry Clerks in data management in all technical areas was conducted in collaboration with the DHIOs. HCWs and Lay counselors were mentored in documentation in all the technical trainings conducted. The SI team provided support in updating the PCR Lab database and also conducted onsite orientation to all the technical staff at the PCR Lab.

During the quarter, ZPCT IIB collaborated with MoH through its established QA/QI support systems in the facility, district and province in supporting and monitoring the implementation of quality improvement activities across the six supported provinces. Technical support during this quarter was focused on the following strategies:

Quality Assurance/Quality Improvement Assessments:

During the quarter, ZPCT IIB carried out internal QA/QI assessments using the internal QA/QI tools. The tools are designed to assess the adherence to national guidelines and minimum standards of service provision in all supported sites. The QA/QI distribution of facility assessments by supported program areas are as follows: ART/CC 40/192 (20% coverage), HTC/PMTCT 122/460 (26.5% coverage), Lab 21/192 (10.9%), pharmacy 9/192 (4.6% coverage and VMMC 10/61 (16.3% coverage). This low coverage is attributed to limited travel time for staff due to training activities that occurred during the quarter. The average percentage of facility scores on reaching accreditation was between 55% and 88 % in all assessed sites.

Quality Improvement Projects:

Using the national core measure of quality, ZPCT IIB initiated 19 quality improvement (QI) projects in different technical areas such as ART, PMTCT, Laboratory and service integration in the supported sites across the 6 provinces. Last quarter, 16 sites were targeted to initiate QI projects based on the core national quality indicators but only 6 of 16 have initiated QI projects tracking the core indicators (retention in care & HIV Exposed Infants). Further, a total of 12 QI

projects have been initiated under laboratory support service and 1 Service integration QI project under Family Planning service support area.

Strengthening existing systems for coordinating National QA/QI programming: ZPCT IIB hosted a transitional meeting with MoH to disseminate achievements towards the 2017 QA/QI milestones.

RESEARCH

During the period under review, the following were the key operational research activities:

1. Manuscript development:

ZPCT IIB continued to address comments from peer reviewed journals on the following manuscripts:

- (i) Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
- (ii) Evaluating the effect of mobile health technology (Program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

In addition, two more manuscripts on FP/HIV integration and TB/HIV integration were being developed.

2. Submission of abstracts to regional and international conferences

The following abstracts were submitted to the 10th INTEREST Workshop:

- (i) Finding the first 90 % to achieve epidemic control (Accepted as Poster Presentation)
- (ii) Frequency and factors associated with excess weight among HIV Positive Individuals in Mansa District, Zambia (Accepted as Poster Presentation)
- (iii) Factors Associated with Virologic Failure in HIV Infected Individuals in Mansa district, Zambia (Accepted as Poster Discussion)
- (iv) Traditional leaders increase HTC uptake: The Case of Chief Mulonga's Chiefdom, Solwezi District, Zambia (Accepted as Poster Presentation)

In addition, three abstracts were submitted to the 21st International AIDS Conference 2016 which will be taking place in July 2016 and we are awaiting feedback:

- (i) HIV and Syphilis among Female Sex Workers (FSWs) in Zambia: Results of Behavioral & Biologic Surveillance Survey 2015.
- (ii) A gender assessment in the Zambia Defense Force Communities: Understanding disparities in access to HIV/AIDS services between men and women in the military health services.
- (iii) Reaching the first 90 % in a generalized epidemic: what else will it take?

Another three abstracts have been submitted to the HIV Research for Prevention Conference taking place in Oct 2016 and are awaiting feedback:

- (i) Assessing Pregnancy Rates in HIV-positive Women using contraceptives and first line Antiretroviral Therapy in Zambia: A Retrospective Study.
- (ii) Implementation of Option B+ in selected parts of Northern Zambia- early lessons learnt.
- (iii) Assessing Impact of Traditional Circumcisers as Agents to Improve Access To Quality VMMC Services in NW Province, Zambia.

3. Upcoming operational research studies

1. Option B+ in Zambia: Uptake, retention in care, mother to child transmission rates and strategies to increase ART enrollment after the operationalization of Option B+. The protocol is being developed.
2. Assessing the validity of dry blood spot specimens for routine HIV viral load testing in the northern part of Zambia. The ethical approval has now been provided by the local IRB and we will be applying for MOH approval in the next few weeks.

4. Collaboration with University of Zambia School of Medicine (UNZA SOM)

The collaboration with UNZA SOM has continued in the ZPCT IIB. This partnership allows for ZPCT IIB to engage Master of Public Health (MPH) students from UNZA SOM as interns and provide them with information and financial resources needed to complete their research and dissertations. ZPCT IIB recruited two MPH students (interns). The interns have completed analyzing their data and have since started developing their dissertations.

One of the interns from the first intake developed a manuscript with mentorship and support from her ZPCTII B mentor. The manuscript which is titled “Social and clinical attributes of patients who restart antiretroviral therapy in central and Copperbelt provinces, Zambia: a retrospective longitudinal study” was submitted to Biomed Central and has been published during the quarter under review.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT IIB closed out 68 recipient agreements (56 DMOs, 12 general hospitals) and transferred the project support for DMOs and general hospitals to the respective PMO agreements. The six PMO agreements were also amended to include project support to the PMO for the period December to May 2016, in addition to the DMO and general support for the same period. With regard to renovations, 16 out of the 25 ZPCT IIB targeted renovations have been completed and have since been certified. Works are still ongoing in the remaining 9 refurbishments with completion delayed due to inclement weather and is now expected in the second quarter of 2016. The additional 9 refurbishments that were identified to be carried out in the costed extension have since been advertised and tender evaluation carried out in readiness for commencement in the anticipated 6 month extension.

Mitigation of environmental impact

ZPCT IIB continues to monitor management of medical waste and ensure environmental compliance in all of its supported health facilities as per USAID approved Environmental Mitigation and Monitoring Plan (EMMP), by ensuring waste is segregated in color code bins, ensuring availability and proper use of sharp boxes, ensuring burning pits and disposal sites are fenced off to prevent scavenging.

During the quarter, the project conducted mobile HTC and VMMC in various locations. During the mobile HTC and VMMC, the project ensured that the waste was managed according to the USAID approved Environmental Mitigation and Monitoring Plan (EMMP) by ensuring that at each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal. During the HTC implementation process, used needles and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags. After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal under the supervision of a trained health facility staff.

Procurement

This quarter, ZPCTIIB procured stationery such as 84,842 suspension files & manila folders; including 235 various toner cartridge sizes.

ZPCTIIB additionally procured various commodities and reagents for the PCR laboratory as well as equipment and furniture for the health facilities such as 400 stacking chairs, 100 storage cabinets, 200 swivel chairs, 120 motorcycles, 25 small sized generators, five (5) medium sized generators, four (4) bench centrifuge, two (2) RPR shakers, two (2) roller blood mixers, five (5) clinical chemistry analyzers (C111), two (2) humalyzer 2000, ten (10) voltage stabilizers, 80 desktop computers, 80 printers, and 80 UPS.

The goods will be received next quarter and distributed to the provincial sites as and when deliveries are made from the vendors.

Human Resources

Training and Development: 40 ZPCT IIB staff attended trainings this quarter as listed below.

- Strategic Office Management and Administration.
- Receptionists and Administration Assistants.
- Financial Planning, Budgeting, Risk Management and internal Control Workshop

- Monitoring and Evaluation Qualitative Data Analysis.
- Corporate Messengers and Drivers Workshop.

Information Technology

IT Equipment was procured for upgrade and replacement of old equipment in the facilities. A total of 183 computer sets were distributed to the six supported provinces.

Microsoft Office 2016 Upgrade was approved and upgrading process started at ZPCTIIB offices and will continue into the next quarter. User training sessions are being planned for next quarter.

Preparations for Kasama office move were made. This included preparation of the BOQ and PRF for materials required for Local Area Network Connection at the new Office. Network installation will be conducted in April, 2016.

To enhance security at Lusaka office CCTV Camera procurement process was began. A procurement request was made and quotations obtained from vendors. CCTV cameras will be installed once procured in the next quarter.

Successful test of Private APN with airtel was conducted and the next step will be to roll it out in all supported facilities. The Private APN will provide a data circuit directly from supported facilities to our offices and quicken data flow between our offices and the facilities. This innovation will ultimately cut down costs associated with data collection from the facilities.

Finance

- Pipeline report: The cumulative obligated amount is \$36,095,495 out of which ZPCT IIB has spent US\$33,448,724 as at March 31, 2016. The total expenditure to date represents 93% of the cumulative obligation. The current burn rate as at the end of the reporting period is at US\$1,760,459. This expenditure is expected to increase in the next quarter when we receive invoices from our subcontractors. Trainings in the field have continued in all six Provinces.
- Reports for January - March 2016:

FHI360 submitted two Invoices (SF1034), for the deliverables (seventeen and twenty) as per contract payment schedule.

- Trainings and Financial reviews during the quarter

The finance and compliance team conducted financial supervisory reviews for Luapula and Central Provinces during the quarter under review.

KEY ISSUES AND CHALLENGES

National-level issues

- **Laboratory commodity stock-outs:** EDTA stock out was the most striking feature on the commodity scene during the quarter and it adversely affected full blood count, CD4, and viral load testing. The adverse effect was attributed to the quality check failure of the whole batch of containers received at Medical Stores Limited during the quarter. PopART facilities were also affected by the stock out but the provision of laboratory services at the facility levels were not interrupted as ZPCT IIB procured adhoc stocks of the commodities under PopART.
- **SmartCare Integrated Pharmacy Module:** The placement of two systems that both have a dispensing module was viewed as a challenge for users at some facilities to enter identical data into

both systems. This necessitated discussions to create an interface to link both systems. The resolution to consider making the two systems interoperable is still being deliberated.

- **ARV Stock Imbalances:** The following commodities were not stocked according to plan (either overstocked or understocked) at national level during the quarter under review – Abacavir/Lamivudine FDC, Nevirapine 200mg tab, Zidovudine/Lamivudine FDC, lamivudine 150mg tab, Stavudine/Lamivudine FDC, Tenofovir 200mg and 300mg tabs, Zidovudine 300mg tab, Tenofovir/Lamivudine/Efavirenz FDC and Atazanavir/Ritonavir. This resulted in isolated stock imbalances at some service delivery points.
- **Equipment functionality:**
 - *HumaLyzer 2000 chemistry analyzers:* During this quarter, the functionality of this platform was generally stable across all provinces and in some facilities is now acting as a backup analyzer. MoH has begun placing the Cobas C111, which is a fully automated chemistry platform designed for low throughput centers. This analyzer is steadily replacing the HumaLyzer as the main chemistry analyzer in some district labs.
 - *FACSCount CD4 machines:* The quarter experienced stability because all analyzers that were functional, breakdowns were resolved at the facility level and some were resolved by the recently trained Provincial Medical Equipment Officers.
 - *FACSCalibur:* Assessments have revealed that users are not keen on using the platform because of the absence of sample loaders. This state of affairs reduces the equipment throughput significantly, almost equating it to the FACS Count throughput. Plans are in place to procure sample loaders that will enhance the performance of the analyzer and ease on sample processing for staff.
 - *ABX Micros hematology analyzers:* The performance of this robust platform across ZPCT IIB supported facilities has been stable, breakdowns have been attended to within a three-week timeframe.
 - *ABX Pentra C200:* Generally, stable performance experienced through the quarter across all provinces.
 - *Sysmex poch 100-i:* No major incidents were reported during the quarter.

ZPCT IIB Programmatic Challenges

- **Specimen referral for CD4 count assessment**

During the period under review 9,366 samples were referred for CD4 testing to 171 laboratories. The nationwide stocks out of EDTA containers adversely affected referral activities, though some facilities procured containers from local budgets and to some extent were able to sustain referrals. It is hoped that next quarter the stock situation at MSL will be resolved. ZPCT IIB will facilitate the delivery of containers to the hardest hit areas through expedited deliveries when MSL is stocked and adhoc procurements are honoured.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (January – March 2016)	Travel plans for Next Quarter (April – June 2016)
<ul style="list-style-type: none"> ▪ Thierry Malebe and Mrs. Alphida Suya travelled to Indonesia from 23 to 29 January 2016 to attend the 4th international conference on family planning ▪ Undi Mpheneka travelled to Johannesburg, South Africa from February 28 to 29 February 2016 to attend the introduction to Compensation Management for NGOs training. ▪ Clement Bwalya travelled to Johannesburg, South Africa from February 28 to 29 February 2016 to attend the NGO Capacity tools and application training. ▪ Margaret Mwanza travelled to Cape Town South Africa from 1 to 5 February 2016 to participate in the Annual General Meeting AGM where she provided implementation updates on PopART. 	<ul style="list-style-type: none"> ▪ Akamunua Musole will be travelling to Vietnam from 19 to 23 April, 2016 to attend the 6th Annual ISS Regional Conference in entitled <u>“Leadership, Cloud and Next Level Technologies.”</u> ▪ Lameck Nyirenda, Chiteta Musole and Innocent Mwila will be travelling to Senegal from May 30th to 3rd June 2016 to attend the SI/M&E global meeting.

ANNEX B: Meetings and Workshops this Quarter (Oct. – Dec., 2015)

Technical Area	Meeting/Workshop/Trainings Attended
HTC/eMTCT	<p>24 to 29 January, 2016: International Conference on Family Planning (ICFP) held in Nusa Dua, Bali, Indonesia.</p> <p>The purpose of the meeting was to assess the achievements under the FP 2020 commitment, reaffirm the commitments, share experiences among the countries, partners and advocates of FP as well as to share new approaches and innovations on family planning service delivery. The ICFP provided a platform for strategic inflection points in the family planning agenda. The Nusa Dua conference strengthened the global commitment to achieving international family planning goals and rededicated the family planning community's effort to ensure all women and girls are able to access affordable, effective and lifesaving contraceptives and are empowered to choose the number, timing and spacing of children.</p>
	<p>26 January 2016: ADH Technical Working Group meeting at Ministry of Community Development and Social Welfare (MCSW) in Lusaka.</p> <p>The purpose was to report on the ADH retreat that took place in Kabwe from 8th to 11th December 2015 and to share the ADH strategic plan for 2016-2017 and the M&E strategic framework.</p>
	<p>27 to 29 January 2016: Meeting to review Program Mwana Scale –up plan held at Tecla Hotel and Lodges, Lusaka.</p> <p>Logistics and SOPs for the scale of Program Mwana, M&E framework and costing of activities, Infrastructure and capacity building (ICT, Lab, Administration and Operations) were discussed</p>
	<p>31 January to 6 February 2016: Workshop to review and finalize the national LARC training package held at Ndozo Lodge, Chilanga.</p> <p>The overall objective was to finalize the LARC training manuals by addressing the comments and observations that were earlier submitted to the Family Planning Technical Working Group (FP TWG) after a task team assessment of the initial review and updating of the training manuals done in 2014 by a consultant.</p>
	<p>22 February 2016: Annual Review Meeting on Scaling up Comprehensive Sexuality Education in Zambia held at Hotel Intercontinental, Lusaka.</p> <p>The meeting hosted by UNESCO, UNFPA and MOGE was attended by more than twenty different organizations including FHI360. The purpose was to share the status of CSE in the education sector. Updates from collaborating partners on the importance of linking CSE to other services, providing CSE among the youth in schools, congregations and communities, and also promoting CSE for improved wellbeing of adolescents and young people were also shared.</p>
	<p>22 February 2016: Partnership meeting was held at SFH, Lusaka.</p> <p>The purpose of the meeting was to review the LNG-IUS market assessment for possible introduction of the hormonal IUCD. A review of the roles and correctness of the tools was done and agreed upon. FHI will handle the submissions of the research protocol to ERES and will also be responsible to undertake interviews with Key Opinion Leaders while SFH will undertake interviews with HCEs, FGDs and facility assessments.</p>
	<p>23 February 2016: ADH Technical Working Group meeting at MCSW, Lusaka.</p> <p>The purpose of the meeting was to share the terms of reference (TORs) for the ADH task force and also discuss the importance of forming ADH Technical Working Groups at District level.</p>
	<p>24 February 2016: Dissemination meeting on Combining HIV Prevention and Family Planning in Zambia-Translating a Successful Demonstration Project into a National Implementation Plan held at Government Complex in Lusaka.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>The purpose was to share how Couple HIV Testing and Counseling (CHTC) and Couple Family Planning Counseling (CFPC) can increase uptake of HTC and promote access to Family Planning which eventually contribute eMTCT.</p>
	<p>25 February 2016: Family Planning Technical Working Group at Child Health Unit, Lusaka.</p> <p>Updates on family planning commodities were shared and a concern was raised on the low use of emergency pill. It was proposed that organisations should come up with strategies that can promote use of emergency pill, one of them being community education on the benefits of accessing emergency pill and its use.</p>
	<p>11 March, 2016: Cohort monitoring meeting and review of MCH registers held at University of Maryland Offices, Lusaka.</p> <p>The purpose of the meeting was to review the MNCH data collection tools to facilitate the cohort monitoring of pregnant and breastfeeding mothers on cART.</p>
	<p>13 to 19 March 2016: Workshop on adaptation of training material for Community Based Distributors (CBD) to include the injectable Depo-Provera in line with the recent policy change held at IBIS Gardens, Chisamba.</p> <p>The purpose of the meeting was to review the following documents: facilitator's manual, participants' manual, PowerPoint slides, supervisors manual and managers' orientation package. Participants included FHI360, CHIDFUND, SFH and PPAZ, Donor- USAID and CBD trainers from the Kasama, Luangwa and Mumbwa.</p>
	<p>21 to 22 March 2016: Prevention Theme Group meeting held at Mika Convention Center, Chongwe.</p> <p>The purpose of the meeting was to consult partners in preparation for the revision of NASF in line with the 90-90-90 approach. The prevention theme group also agreed on the important thematic areas to be included in the NSAF 2017 – 2021.</p>
	<p>31 March 2016: Family Planning TWG meeting held at Child Health unit, Lusaka</p> <p>The meeting reviewed minutes from the previous meeting and discussed matters arising. FHI360 made a presentation on the market assessment to find out the possibility of introducing the hormonal IUCD. During this meeting, partner progress reports were provided and the main discussions included the need for the country to undertake procedures to bring in the injectable Sayan Press. The discussion to encourage districts to be ordering emergency contraceptives and the need to provide knowledge updates for providers to feel confident to offer emergency contraceptives as one of the methods that is applicable in specified emergency cases.</p>
Clinical Care	<p>27 to 29 January 2016: Pediatric HIV Scale-up (ACT) Meeting, Chisamba</p> <p>This multi-stakeholder meeting had presentations on the pediatric top five performing facilities as well as the bottom five. During breakout sessions challenges being faced in the pediatric scale –up were discussed and possible solutions to address them were suggested.</p>
	<p>25 February 2016: VMMC TWG meeting at MCSW, Lusaka</p> <p>The agenda included; picking the VMMC TWG chairperson and dates for the TWG meetings in 2016, updates on VMMC subcommittee TORs and VMMC M/E tools. The meeting also had early deliberations on the planned national operational plan for 2016 – 2021.</p>
	<p>21 to 25 February 2016: National VMMC QA/QI tools development meeting, Livingstone</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>ZPCT IIB participated in the adaptation of National QA/QI guidelines in order to develop VMMC QA/QI tools to improve performance assessments according to set standards.</p>
	<p>22 March 2016: National AIDS Council (NAC) Theme Groups meeting, Lusaka</p> <p>The meeting was aimed at reactivating the coordination role of NAC in order for the various TWG to begin reporting on a regular basis into the HIV prevention, Treatment and M/E theme groups. The revised Terms of Reference (TORS) were developed and activity plans will be operationalized in the next quarter completed.</p>
Laboratory	<p>7 to 13 February 2016: VL & EID Implementation Meeting, Ndola</p> <p>MSH facilitated the first VL and EID implementation meeting held in Ndola with respective PMO's and Clinical Care Units across all ZPCT IIB supported provinces.</p>
	<p>15 to 17 February 2016: Lab Technical Working Group Meeting, Lusaka</p> <p>MSH attended the National Laboratory Technical Working group meeting held in Lusaka under the convenorship of MoH. Partner plans were shared.</p>
	<p>18 February: Zambia UK Health Workforce Alliance, Lusaka</p> <p>MSH attended a short meeting organized by MSH In Country Business Development Manager with the UK Health Workforce Alliance and exchanged notes on the implementation of Pharmaceutical and Laboratory support programs to the Ministry of Health.</p>
	<p>24 to 26 to February 2016; Leadership, Management and Governance, Intercontinental Hotel, Lusaka.</p> <p>MSH attended a Leadership, Management and Governance Workshop organized by MSH HQ for Training Institutions and Professional bodies.</p>
Pharmacy	<p>26 January 2016: ARV and Cotrimoxazole Quantification Review Meeting, Lusaka</p> <p>ZPCT IIB attended a one (1) day review meeting for ARVs and cotrimoxazole organized by the Ministry of Health with support from Supply Chain Management Systems (SCMS) project.</p>
PopART	<p>31st March, 26th February and 29th January 2016: Intervention Working Group calls: Participated in the monthly meetings that focus on providing technical leadership of study.</p>
	<p>20th January 2016: ZIMT meeting ZPCT IIB attended the ZIMT meeting and presented PopART implementation updates.</p>
Capacity Strengthening	<p>February 19, 2016 National Transition Steering Committee (NTSC) preparatory meeting with MOH staff - Lusaka</p> <p>ZPCT IIB organized and a preparatory meeting for the first NTSC meeting with Senior MOH staff. The meeting was opened by Mr. Andrew Mlewa, the ZPCT IIB Deputy Chief of party who highlighted the importance of the NTSC in the implementation of the MOH-FHI360/ZPCT IIB transition plan which is key in attaining project sustainability. The NTSC is required to provide oversight for implementation of the joint transition plan and was set up following the approval of the MOH-FHI360/ZPCT IIB joint transition plan jointly developed by MOH and FHI360 in March 2015. The NTSC will play a critical role in ensuring ownership of the joint transition plan at all levels of project implementation and to monitor progress in the implementation of the joint plan. The joint transition plan</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>was in line with the donor goals of sustainability and would culminate in Government to Government (G2G) funding.</p> <p>Key resolutions and action items/follow up items</p> <ol style="list-style-type: none"> 1. The first NSTC meeting to be held on 9th March, 2016 (tentative) at MOH depending on confirmation of the availability of NTSC members from MOH. 2. Mr. Davies Chimfwembe (Director Policy and Planning) will co-chair the NTSC. 3. Dr. Mary Nambao (Mother and Child Health Department) and Mr. Kansembe (Technical services) to be included on the NTSC on a permanent basis. The composition of NTSC should be fluid to accommodate other staff from the relevant departments from both MOH and FHI360. 4. Meeting invitations (notice) should be sent to all members at least 1 week in advance. The schedule meetings should be included on the agenda items. 5. The NTSC should be aligned with the existing GRZ structures/TWGs that would work with the committee in order to institutionalize the work of the committee. 6. The transition plan should be summarized (key themes) to make it easy to provide updates. 7. The Terms of Reference (TORs) were reviewed and agreed upon in the first meeting.
Strategic Information	<p>15 to 16 March 2016: DREAMS Implementation partners meeting</p> <p>SI unit participated in DREAMS Implementation partners meeting whose objectives were to</p> <ul style="list-style-type: none"> • Clarify coordinating structures between IPs implementing DREAMS. • Review M&E Framework and partners' roles and responsibilities • Discuss the DREAMS implementation timeframe
	<p>29 February to 3 March 2016: SmartCare Indicator mapping meeting:</p> <p>ZPCT IIB participated in the workshop that was designed to review SmartCare indicators to conform to the data needs for ZPCT IIB</p>

ANNEX C: Success Story

PEPFAR support enhancing MOH medical equipment maintenance capacity

Since its inception in 2005, the PEPFAR supported Zambia Prevention Care and Treatment Project (ZPCT I & II) has procured medical and laboratory equipment worth more than two million dollars, placed in 146 Ministry of Health (MOH) laboratories. ZPCT II has further spent hundreds of thousands of dollars in repair and maintenance costs for project procured equipment with no input from the government.

In the spirit of aligning with the PEPFAR goal of ensuring sustainability through technical assistance, capacity building and systems strengthening, the project agreed a joint transition plan with the MOH in 2015. One of the key areas for transition to government is equipment procurement and maintenance and with support from PEPFAR, ZPCT II is investing in government (i.e. MOH) capacity to manage and maintain medical and laboratory equipment.

Effective management and maintenance of equipment is critical to ensure a well-functioning and effective health system. Unfortunately, even though the MOH has staff who are trained in equipment maintenance, these are few and until recently did not possess the operational knowledge and technical know-how for the whole range of equipment supplied by MOH approved equipment vendors. For a while, all the three MOH approved equipment vendors, namely Biogroup, Scientific Group and Becton Dickinson resisted the possibility of skills transfer to the five Provincial Medical Equipment Officers (PMEOs) citing concerns about potential damage to the high value equipment.

However, persistent and skillful engagement with the vendors resulted in unanimous agreement to allow MoH equipment officers to manage defined faults as long as they are done in a consultative manner with the vendors. As a consequence, training of the MoH equipment officers was conducted in 10 major laboratory platforms with the support of ZPCT IIB, between June and December 2015. The equipment officers joined the regular Equipment Use and Maintenance Training provided by vendors to users but stayed on an extra 2 or 3 days to acquire detailed insights on the operations and common faults presented by the different analytical platforms supplied by the vendors. During the training, the officers also spent considerable time and effort learning how to resolve equipment breakdowns.

Over the years the project has noted the fact that laboratory equipment downtime impacts heavily on the delivery of ART services as it delays initiation and denies clinicians the ability to monitor the progress of clients. Notable tests are CD4 counts (to be replaced by viral load), creatinine, Aspartate Amino Transferase (AST), Alanine Amino Transferase (ALT) and full blood counts (FBC). Measured responses on MoH approved vendors to downtime ranged from 2 to 20 weeks and in some cases even longer resulting in disrupted services at laboratories at the different levels of health care. This was despite ZPCT IIB facilitating for real-time reports to a respective vendor on breakdowns. Findings pointed to the lack of engineers and associated technical skill and know-how where engineers existed, long distances to be covered to access facilities, fatigue and long lists of facilities to be attended to at the same time.

In order to address delayed responses to downtime ZPCT IIB explored the possibility of transitioning some equipment repairs to GRZ/MoH Provincial Medical Equipment Engineers as a way of reducing on the impact of equipment downtime through empowering GRZ/MoH staff. This idea was discussed at the first consultative session on transitioning held in March 2015 between MoH and ZPCT IIB which resulted in a joint transition plan referenced above.

This approach has seen the introduction of equipment monitoring visits on a regular basis between ZPCT IIB Laboratory Technical Officers, Provincial Biomedical Scientists (five were trained by the project) and Provincial Medical Equipment Officers. It has also seen the first repairs attended to by PMEOs at Mbereshi Mission Hospital where a bulb was sent for replacement to the PMEO in Mansa and under instruction from the vendor was successfully installed. Another example is the FacsCount repair in Mumbwa which was successfully undertaken by the PMEO. Telephonic repair was also achieved in Kasama as the engineer and provincial biomedical scientist guided staff at a facility on how to rectify a breakdown to equipment.

Further, redundant centrifuges were restored to operation on the Copperbelt as the PMEO salvaged useful parts from old units and assembled others.

Overall equipment issues have a new outlook; this approach has lifted off the veil that to a large extent ‘stigmatized’ equipment procured by partners previously viewed as partner-property and not GRZ owned: PMEO for Copperbelt Patrick Mumba says: “previously our attitude was that the equipment was for ZPCT II but now we feel a greater sense of ownership for all equipment. We now work as a team with ZPCT II in that there is greater joint planning, monitoring and problem solving and we are much more engaged with the vendors and the various equipment which they supply; the training has equipped me to carry out basic maintenance of equipment”. In fact the project has noted improved information flow regarding breakdown which is now integrated into the PMEO’s routine work. ZPCT IIB’s approach to equipment management has somewhat “rubbed off” as MoH Laboratory services have since convened a meeting with the same vendors demanding training of one “Super Lead Engineer” in each province to be responsible for overseeing and managing laboratory equipment repairs. MoH has also engaged the vendor responsible for Biosafety Cabinets in a similar manner and has agreed to train local engineers.

ANNEX D: Activities Planned for the Next Quarter (April – June, 2016)

Objectives	Planned Activities	2016		
		Apr	May	Jun
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).				
1.1: HIV testing and counseling (HTC) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in HTC courses.	x	x	x
	Monitor the community based HTC activities that have been implemented (Door to door and patient index) in 14 selected sites, ensure escorted referral of all clients testing HIV positive to the health centre, with a written slip.	x	x	x
	Escort clients who tested HIV-positive from HTC corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for HTC clients testing HIV negative by giving them the review cards, and tell them the benefits of re-testing three months after the first test and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen HTC services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen routine child HTC in all under five clinics, and in the children’s laying in wards	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of HTC services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes.	x	x	x
	Strengthen implementation of PHDP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented HTC in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine HTC to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
	Conduct mobile HTC for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile HTC for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including eMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into HTC programming during HTC courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within HTC setting	x	x	x
	Strengthen the use of community eMTCT counselors to address staff shortages	x	x	x
1.2: Elimination of mother-to-child transmission (eMTCT) services	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/eMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant three months after the initial test, and 32 weeks and thereafter (women in third trimester) with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	x
	Operationalize and strengthen the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies	x	x	x
	Orient facility staffs on B+ option and ensure implementation at all facilities.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Scale up support of FP equipment for LARCs services in 120 sites		x	x
	Training of more HCWs in provision of LARCs services		x	x
	Procure point of service hemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted HTC and education on risk reduction, through promotion of	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
	abstinence, monogamy and consistent condom use			
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PHDP within eMTCT services for those who test positive through training using the PHDP module in the eMTCT training as well as incorporating PHDP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen correct and accurate documentation of services in supported facilities	x	x	x
	Continue working with eMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
	expectant mothers for deliveries at health facilities			
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote positive health dignity prevention with positives.	x	x	x
1.3: Antiretroviral Therapy	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct training for HCWs and Lay counselors	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	X
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI and Pediatric ART for easy assessment and HAART initiation for eligible pregnant women and children	x	x	x
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Clinical palliative care services	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of Post Exposure Prophylaxis (PEP) activities in all supported facilities	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCT IIB supported sites	x	x	x
	Conduct monthly, comprehensive technical assistance (TA) visits to 56 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
1.5: Scale up voluntary medical male circumcision (VMMC) services	Train 56 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Develop plan for post-training follow up and on-site mentoring all 56 trained HCWs staff by SSZ in all six provinces for the	x	x	x
	Develop and print VMMC Standard Operational Procedure Manual & Job Aids for all 56 MC sites	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: Increase emphasis on MC as routine service with increase documented referrals for all HIV negative males from CT/eMTCT and other departments Conduct training of HCW in MC skills to increase HR capacity at supported facilities	x	x	x
	Continue to enhance core VMMC services: Improve reach by tailoring interventions based on age group and geography (e.g., distribution of tents for MC outreach activities in areas with inadequate infrastructure to support VMMC campaigns), Improve demand creation for static service delivery using interpersonal communication and fliers through specialized volunteer educators to promote MC within health center catchment areas; strengthen existing systems for coordinating MC programming at provincial/district levels	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	
1.6: TB/HIV services	TB/HIV integration by supporting and improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Strengthen implementation of the “3 Is” approach	x	x	x
	Support TB Presumptive register post intensified case finding of TB	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071	Monthly visitations by Implementation Coordinator and Data Manager to the six PopART sites to monitor implementation of activities.	x	x	x
	Weekly visitations by the PopART Technical Officer to the six health facilities to provide technical support and ensure that ART/MC/Option B+/TB/STI services run without interruptions.			
	Provide continued support for client enrollment/follow up activities and strengthen provision of quality HIV/AIDS services as recommended by the ART National Guidelines and PopART Study protocol.	x	x	x
	Provide relevant support to the health facilities to support implementation of PopART arms B and C transitioning activities.	x	x	x
	Continue to collaborate with ZAMBART and other implementing partners (MOH, PHOs and DHOs) to improve client linkages from communities to health facilities for care.	x	x	x
	Continue to integrate HCWs and community volunteers to participate in the ZPCT IIB planned trainings	x	x	x
	To support the startup works for the implementation of one TB QI project at either Chipokota Mayamba or Chimwemwe H.Cs.	x	x	x
1.8: Public-private partnerships	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	x	x	x
	Continue the roll-out of Option B+ in eMTCT services	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); FP referrals		x	
	Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs strengthen implementation of the “3 Is” approach	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery; administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	s
Gender	Conduct monitoring trips and provide gender integration TA to facilities		x	x
	Prepare end of project reports		x	
	Represent ZPCT IIB at external meetings	x		x
	Develop activities to strengthen gender integration for implementation of ACT	x	x	
	Backstop provincial gender trainings	x		

Objectives	Planned Activities	2016		
		Apr	May	Jun
Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.				
2.1: Maintain, expand and strengthen pharmacy services	Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other HIV and AIDs related medicines and medical supplies to avert stock imbalances	x	x	x
	Support to the MoH pharmacy mentorship program and implementation of the model sites mentorship program	x	x	x
	Support commodity inventory management systems, storage specifications, and commodity security	x	x	x
	Provide ongoing technical oversight to provincial pharmacy technical officers including new staff	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on the eMTCT program	x	x	x
	Support roll out and implementation of SmartCare integrated pharmacy database for management of medicines and medical supplies and facilitate at the SmartCare essentials trainings	x	x	x
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	Participate in the pharmacy components of the PopART pilot study in selected ZPCT IIB supported pilot sites	x	x	x
	Support the compilation of the reviewed commodity management training package	x	x	x
	Participate in national quartely review for ARV drugs for ART and eMTCT programs	x		
	Build capacity of community volunteers in dispensing practices to promote ART adherence and retention in care	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
2.2: Maintain, expand and strengthen laboratory services	Strengthen and expand the specimen referral system for dried blood spots, CD4, and other baseline tests in supported facilities	x	x	x
	Coordinate and support the installation of laboratory equipment procured by ZPCT IIB in selected sites	x	x	x
	Promote the use of new guidelines for both ART and PMTCT in line with MOH and MCDMCH guidance	x	x	x
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	x
	Support the dissemination of guidelines for laboratory services.	x	x	x
	Monitor roll out of equipment and commodity database	x	x	x

Objectives	Planned Activities	2016		
		Apr	May	Jun
	Monitor and strengthen the implementation of the CD4 and chemistry EQA testing program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	x
	Finalisation and implementation of the viral load study using DBS (ADCH and Scaled up National)	x	x	x
	VL testing at ADCH PCR Laboratory	x	x	x
	Support roll out of VL & EID testing at provincial laboratories	x	x	x
	Roll out automated EID testing at ADCH	x	x	x
	Pilot and roll out the equipment database	x	x	x
	Monitor PIMA functionality and assess impact	x	x	x
	Provide laboratory based support for the Option B+ program	x	x	x
	Support LIS implementation at NCH	x	x	x
	Attend National Quantification meetings	x	x	x
2.3: Develop the capacity of facility HCWs and community volunteers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management.	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
	Train HCWS in the New Consolidated Guidelines	x	x	x
2.4: Support for community volunteers while laying the groundwork for increased sustainability	Payment of transport refunds for community volunteers	x	x	
	Support community outreach by community volunteers to create demand for HTC, VMMC, eMTCT, safe motherhood and clinical care services	x	x	
	Support volunteer in the implementation of door to door and patient index HTC	x	x	
2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in	Work with NHCs to promote demand for HTC, VMMC, eMTCT, and ART	x	x	
	Work with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT	x	x	
	Identify and work with groups of PLWHA to promote community ART dispensing .	x	x	
	Facilitate the establishment of Mother Support groups to promote demand for and retention in eMTCT services among expectant mothers	x	x	

Objectives	Planned Activities	2016		
		Apr	May	Jun
care and ART adherence				
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	Work with MCDMCH and DATFS to promote strengthening of district referral network.	x	x	
2.7: Project close out			x	x
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	work with MCDMCH and DATFS to promote strengthening of district referral network .	x	x	x
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions				
3.2: Provision of Capacity Strengthening TA and Related Support	Attend the monthly NTSC meeting at MOH.	x	x	x
	Work with MOH and allied projects to strengthen measuring the impact of TSS and mentorship provided.	x	x	x
	Assist MOH to strengthen capacity to provide clinical mentorship and supportive supervision to health facility staff that provide HIV services.			x
	Provide technical and material assistance to the PMOs and DMOs to strengthen capacity to coordinate stakeholders implementing HIV activities in respective jurisdictions.			x
	Travel to provinces to support ART Service Quality Assessments.			x
Strategic Information - M&E and QA/QI				
Strategic Information	Participate in reviewing and updating HMIS tools as well as printing of these tools in collaboration with MoH	x		x
	Review procedure manuals in preparation for DATIM reporting for the quarter	x	x	
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Conduct M&E Data quality Assessments in all six provinces			x
	Provide technical support to SmartCare in conjunction with MOH and other partners (Testing of new software)	x	x	

Objectives	Planned Activities	2016		
		Apr	May	Jun
	Provide field support in Viral load database management in All the province with viral load machines	x	x	x
Program Management				
Program	Monitor implementation of MOH recipient agreements and review program monitoring tools by provincial offices	x	x	x
	Approval of contracts for new renovations for the ZPCT IIB	x	x	x
	Monitor sub partners on ZPCT IIB		x	x
Finance	FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners	x	x	x
HR	Recruitment of staff to fill vacant positions	x		
IT	IT Unit meeting	x		
	Facility Network Installations in five provinces	x	x	x
	Test and start using the Airtel link to facilities using dongles		x	X
	Conduct IT inventory updates	x	x	x
	Dismount old VSat and Radio equipment in Kasama Mansa Solwezi and Kabwe.	x	x	x
	Azure Backup implementation, Ndola Kabwe, Kasama, Mansa and Solwezi		x	

ANNEX E: ZPCT IIB Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwela HC	Rural		◆	◆	◆		◆	
Mkushi	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	⊙
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Musofu RHC	Rural							
Luano	25. Chikupili HC	Rural		◆	◆	◆		◆	
	26. Coppermine RHC	Rural		◆	◆	◆			
	27. Old Mkushi RHC	Rural	◆	◆	◆	◆			
	28. Kaundula	Rural		◆	◆	◆			
Serenje	29. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	30. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	31. Chibale RHC	Rural		◆	◆	◆		◆	
	32. Muchinka RHC	Rural		◆	◆	◆		◆	
	33. Kabundi RHC	Rural		◆	◆	◆		◆	
	34. Chalilo RHC	Rural		◆	◆	◆		◆	
	35. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	36. Mulilima RHC	Rural		◆	◆	◆		◆	
	37. Gibson RHC	Rural		◆	◆	◆			
	38. Nchimishi RHC	Rural		◆	◆	◆			
	39. Kabamba RHC	Rural		◆	◆	◆			
	40. Mapepala RHC	Rural		◆	◆	◆		◆	
Chibombo	41. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	42. Chikobo RHC	Rural		◆	◆	◆		◆	
	43. Mwachisompola D Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chibombo RHC	Rural		◆	◆	◆		◆	⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mungule RHC	Rural		◆	◆	◆		◆	
	47. Muswishi RHC	Rural		◆	◆	◆		◆	
	48. Chitanda RHC	Rural		◆	◆	◆			
	49. Malambanyama RHC	Rural		◆	◆	◆		◆	
	50. Chipeso RHC	Rural		◆	◆	◆		◆	
	51. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	53. Malombe RHC	Rural		◆	◆	◆		◆	
	54. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	55. Shimukuni RHC	Rural		◆	◆	◆		◆	
	56. Keembe RHC	Rural							
	57. Muntemba RHC	Rural							
<i>Kapiri Mposhi</i>	58. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	59. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	60. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	61. Chibwe RHC	Rural		◆	◆	◆		◆	
	62. Lusemfw RHC	Rural		◆	◆	◆		◆	
	63. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Mulungushi RHC	Rural		◆	◆	◆		◆	
	65. Chawama UHC	Rural		◆	◆	◆		◆	
	66. Kawama HC	Urban		◆	◆	◆		◆	
	67. Tazara UHC	Rural		◆	◆	◆		◆	
	68. Ndeke UHC	Rural		◆	◆	◆		◆	
	69. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chankomo RHC	Rural		◆	◆	◆		◆	
	71. Luanshimba RHC	Rural		◆	◆	◆		◆	
	72. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	73. Chipeco RHC	Rural		◆	◆	◆		◆	
	74. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	76. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙
	77. Myooye RHC	Rural		◆	◆	◆			
	78. Lutale RHC	Rural		◆	◆	◆			
	79. Nambala RHC	Rural		◆	◆	◆			
	80. Kamilambo RHC	Rural	◆	◆	◆	◆			
	81. Chiwena RHC	Rural		◆	◆	◆			
	82. Kamilambo RHC	Rural							
<i>Itezhi Tezhi</i>	83. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	84. Masemu UC	Rural		◆	◆	◆	◆		
	85. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	86. Nasenga RHC	Rural		◆	◆	◆			
	87. Lubanda RHC	Rural							
<i>Ngaabwe</i>	88. Mukumbwe RHC	Rural		◆	◆	◆			
Totals			26	79	79	79	28	50	10

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. ADCH	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⊙
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
	21. Masala Main	Urban							
<i>Chingola</i>	22. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	24. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	25. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙
	26. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	27. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	28. Kasompe Clinic	Urban		◆	◆	◆		◆	
	29. Mutenda HC	Rural		◆	◆	◆		◆	
	30. Kalilo Clinic	Urban		◆	◆	◆		◆	
	31. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
<i>Kitwe</i>	32. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	34. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	35. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	36. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	37. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	38. Twatasha Clinic	Urban		◆	◆	◆		◆	
	39. Garnatone Clinic	Urban			◆	◆		◆	
	40. Itimpi Clinic	Urban		◆	◆	◆		◆	
	41. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	42. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	43. Kwacha Clinic	Urban		◆	◆	◆		◆	
	44. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	46. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	47. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	48. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	49. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	51. Mwekera Clinic	Urban		◆	◆	◆		◆	
	52. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	53. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	54. Buchi Small	Urban							
Luanshya	55. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	56. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	57. Mikomfwa HC	Urban		◆	◆	◆		◆	
	58. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	59. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	60. Mikomfwa UC	Urban		◆	◆	◆		◆	
	61. Section 9 Clinic	Urban		◆	◆	◆		◆	
	62. New Town Clinic	Urban		◆	◆	◆		◆	
	63. Fisenge UHC	Urban		◆	◆	◆		◆	
Mufulira	64. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	65. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	66. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	67. Kansunswa HC	Rural		◆	◆	◆		◆	
	68. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	69. Mokambo Clinic	Rural		◆	◆	◆		◆	
	70. Suburb Clinic	Urban		◆	◆	◆		◆	
	71. Murundu RHC	Rural		◆	◆	◆		◆	
	72. Chibolya UHC	Urban		◆	◆	◆		◆	
	73. Buteko Clinic	Urban							
Kalulushi	74. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	75. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	76. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	77. Chati RHC	Rural		◆	◆	◆			
	78. Ichimpe Clinic	Rural		◆	◆	◆			
	79. Kalulushi Township	Urban							
Chililabombwe	80. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	81. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
Lufwanyama	82. Mushingashi RHC	Rural		◆	◆	◆		◆	
	83. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	85. Nkana RHC	Rural		◆	◆	◆		◆	
	86. Lufwanyama DH	Urban	◆	◆	◆	◆			
Mpongwe	87. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙
	88. Mikata RHC	Rural		◆	◆	◆		◆	
	89. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	90. Kalweo RHC	Rural		◆	◆	◆		◆	◆
Masaiti	91. Kashitu RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	92. Jelemani RHC	Rural		◆	◆	◆		◆	
	93. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙
	94. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			43	87	89	89	42	65	17

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chiengi</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆			
	5. Lunchinda RHC	Rural		◆	◆	◆			
	6. Sambula RHC	Rural		◆	◆	◆			
	7. Chiengi DH	Rural	◆	◆	◆	◆			
	8. Kalembe RHC	Rural							
	9. Mwabu RHC	Rural							
<i>Kawambwa</i>	10. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Kawambwa HC	Rural		◆	◆	◆		◆	
	12. Mushota RHC	Rural		◆	◆	◆		◆	
	13. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	14. Kawambwa Tea Co RHC	Urban		◆	◆	◆		◆	
	15. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mwansabombwe</i>	16. Mbereshi Mission Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Lubufu RHC	Rural							
	19. Salanga RHC	Rural							
<i>Chembe</i>	20. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	21. Chipete RHC	Rural		◆	◆	◆		◆	
	22. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	23. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	24. Lukola RHC	Rural		◆	◆	◆			
<i>Mansa</i>	25. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	26. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	27. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	28. Matanda RHC	Rural		◆	◆	◆		◆	
	29. Buntungwa RHC	Urban		◆	◆	◆		◆	
	30. Chisembe RHC	Rural		◆	◆	◆		◆	
	31. Chisunka RHC	Rural		◆	◆	◆		◆	
	32. Fimpulu RHC	Rural		◆	◆	◆		◆	
	33. Kabunda RHC	Rural		◆	◆	◆		◆	
	34. Kalaba RHC	Rural		◆	◆	◆		◆	
	35. Kalyongo RHC	Rural		◆	◆	◆			
	36. Katangwe RHC	Rural		◆	◆	◆			
	37. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	38. Mabumba RHC	Rural		◆	◆	◆		◆	
	39. Mano RHC	Rural		◆	◆	◆		◆	
	40. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	41. Mibenge RHC	Rural		◆	◆	◆		◆	
	42. Moloshi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	43. Mutiti RHC	Rural		◆	◆	◆		◆	
	44. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	45. Ndoba RHC	Rural		◆	◆	◆		◆	
	46. Nsonga RHC	Rural		◆	◆	◆		◆	
	47. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	48. Lubende RHC	Rural		◆	◆	◆			
	49. Kansenga RHC	Rural		◆	◆	◆			
<i>Milenge</i>	50. Mulumbi RHC	Rural		◆	◆	◆		◆	
	51. Milenge East 7	Rural	◆ ²	◆	◆	◆	◆		
	52. Kapalala RHC	Rural		◆	◆	◆			
	53. Sokontwe RHC	Rural		◆	◆	◆			
	54. Lwela RHC	Rural		◆	◆	◆			
<i>Chipili</i>	55. Chipili RHC	Rural		◆	◆	◆		◆	
	56. Mupeta RHC	Rural			◆	◆		◆	
	57. Kalundu RHC	Rural			◆	◆			
	58. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	59. Luminu RHC	Rural			◆	◆		◆	
	60. Lupososhi RHC	Rural			◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mutipula RHC	Rural			◆	◆			
	63. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Mwense</i>	64. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	65. Mwense Stage II RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	66. Chibondo RHC	Rural			◆	◆		◆	
	67. Chisheta RHC	Rural		◆	◆	◆		◆	
	68. Kapamba RHC	Rural		◆	◆	◆		◆	
	69. Kashiba RHC	Rural		◆	◆	◆		◆	
	70. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	71. Kawama RHC	Rural		◆	◆	◆		◆	
	72. Lubunda RHC	Rural		◆	◆	◆		◆	
	73. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Mubende RHC	Rural		◆	◆	◆		◆	
	75. Mununshi RHC	Rural		◆	◆	◆		◆	
	76. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	77. Musonda RHC	Rural		◆	◆	◆			
<i>Nchelenge</i>	78. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	79. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	81. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙
	82. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	83. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	84. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	85. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	86. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	87. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	88. Kabalenge RHC	Rural		◆	◆	◆			
Samfya	89. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	90. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	91. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	92. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	93. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	94. Kabongo RHC	Rural		◆	◆	◆		◆	
	95. Katanshya RHC	Rural		◆	◆	◆			
	96. Mundubi RHC	Rural							
Totals			30	81	87	87	20	52	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
	9. Nakonde DH	Rural	◆	◆	◆	◆	◆	◆	⊙
<i>Mpika</i>	10. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Mpika HC	Urban		◆	◆	◆		◆	
	12. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	13. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	14. Mpumba RHC	Rural		◆	◆	◆		◆	
	15. Mukungule RHC	Rural		◆	◆	◆		◆	
	16. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	17. Muwele RHC	Rural		◆	◆	◆			
	18. Lukulu RHC	Rural		◆	◆	◆			
	19. ZCA Clinic	Rural		◆	◆	◆			
	20. Chikakala RHC	Rural		◆	◆	◆			
<i>Shiwa Ng'andu</i>	21. Matumbo RHC	Rural		◆	◆	◆		◆	
	22. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	23. Mwika RHC	Rural		◆	◆	◆			
	24. Kabanda RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	25. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	26. Chinsali HC	Urban		◆	◆	◆		◆	
	27. Lubwa RHC	Rural		◆	◆	◆	◆		
	28. Mundu RHC	Rural		◆	◆	◆			
<i>Isoka</i>	29. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	30. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	31. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	32. Kampumbu RHC	Rural		◆	◆	◆			
	33. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	34. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	35. Thendere RHC	Rural		◆	◆	◆			
	36. Mulekatembo RHC	Rural							
<i>Chama</i>	37. Chama DH	Rural	◆	◆	◆	◆	◆	◆	
	38. Chikwa RHC	Rural		◆	◆	◆			
	39. Tembwe RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC	Rural		◆	◆	◆			
	15. Nkole Mfumu RHC	Rural		◆	◆	◆			
Mbala	16. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	21. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	22. Mpande RHC	Rural		◆	◆	◆			
	23. Mwamba RHC	Rural		◆	◆	◆			
	24. Nondo RHC	Rural		◆	◆	◆			
	25. Nsokolo RHC	Rural		◆	◆	◆			
	26. Kawimbe RHC	Rural		◆	◆	◆		◆	
Mpulungu	27. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	28. Isoko RHC	Rural		◆	◆	◆			
	29. Chinakila RHC	Rural		◆	◆	◆		◆	
	30. Mpulungu DH	Rural	◆	◆	◆	◆			
Mporokoso	31. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	32. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural		◆	◆	◆			
	34. Mukupa Kaoma RHC	Rural		◆	◆	◆			
	35. Shibwalya Kapila RHC	Rural	◆ ²	◆	◆	◆			
Luwingu	36. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	37. Namukolo Clinic	Urban		◆	◆	◆		◆	
	38. Chikoyi RHC	Rural							
	39. Nsombo RHC	Rural							
	40. Ipusukilo RHC	Rural							
	41. Katuta RHC	Rural							
	42. Tungati RHC	Rural							
Kaputa	43. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nsama</i>	44. Kalaba RHC	Rural		◆	◆	◆			
	45. Kasongole RHC	Rural		◆	◆	◆			
	46. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	47. Kampinda RHC	Rural		◆	◆	◆			
	48. Nsama RHC	Rural	◆	◆	◆	◆			
<i>Mungwi</i>	49. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	50. Malole RHC	Rural		◆	◆	◆		◆	
	51. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Chimba RHC	Rural		◆	◆	◆		◆	
	53. Kapolyo RHC	Rural		◆	◆	◆		◆	
	54. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙
	55. Makasa RHC	Rural		◆	◆	◆			
	56. Ndasas RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	57. Chaba RHC	Rural		◆	◆	◆			
	58. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		
	59. Matipa RHC	Rural		◆	◆	◆			
	60. Mofu RHC	Rural							
Totals			21	50	50	50	17	27	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
	19. Kakombe RHC	Rural		◆	◆	◆			
	20. Kamisenga RHC	Rural		◆	◆	◆			
	21. Solwezi Training College	Urban		◆	◆	◆		◆	
<i>Kabompo</i>	22. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙
	24. Kabulamema RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	26. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	27. Zambezi UHC	Urban			◆	◆		◆	
	28. Mize HC	Rural		◆	◆	◆		◆	
	29. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Mukandakunda RHC	Rural		◆	◆	◆			
	31. Nyakulenga RHC	Rural		◆	◆	◆			
	32. Chilenga RHC	Rural		◆	◆	◆			
	33. Kucheka RHC	Rural		◆	◆	◆			
	34. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	35. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	36. Kanyihampa HC	Rural		◆	◆	◆		◆	
	37. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Lwawu RHC	Rural		◆	◆	◆			
	39. Nyangombe RHC	Rural		◆	◆	◆			
	40. Sailunga RHC	Rural		◆	◆	◆			
	41. Katyola RHC	Rural		◆	◆	◆			
	42. Chiwoma RHC	Rural		◆	◆	◆			
	43. Lumwana West RHC	Rural		◆	◆	◆			
	44. Kanyama RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ikelenge</i>	45. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙
	46. Kafweku RHC	Rural		◆	◆	◆		◆	
<i>Mufumbwe</i>	47. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	48. Matushi RHC	Rural		◆	◆	◆		◆	
	49. Kashima RHC	Rural		◆	◆	◆			
	50. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	51. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	52. Chivombo RHC	Rural		◆	◆	◆		◆	
	53. Chiingi RHC	Rural		◆	◆	◆		◆	
	54. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	55. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	56. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	57. Nselauke RHC	Rural		◆	◆	◆		◆	
	58. Kankolonkolo RHC	Rural		◆	◆	◆			
	59. Lunga RHC	Rural		◆	◆	◆			
	60. Dengwe RHC	Rural		◆	◆	◆			
	61. Kamakechi RHC	Rural		◆	◆	◆			
<i>Manyinga</i>	62. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	63. Kasamba RHC	Rural		◆	◆	◆		◆	
	64. Kashinakazhi RHC	Rural		◆	◆	◆			
	65. Dyambombola RHC	Rural		◆	◆	◆			
Totals			12	62	63	63	14	20	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

ANNEX F: ZPCT IIB Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
<i>Kitwe</i>	14. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	23. CIMY Clinic	Urban	◆		◆	◆		◆	
<i>Chingola</i>	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
<i>Mpongwe</i>	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<i>Mwense</i>	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<i>Solwezi</i>	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			23	26	30	30	20	17	3

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4